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Monitoring and evaluation for rural sanitation and hygiene Framework

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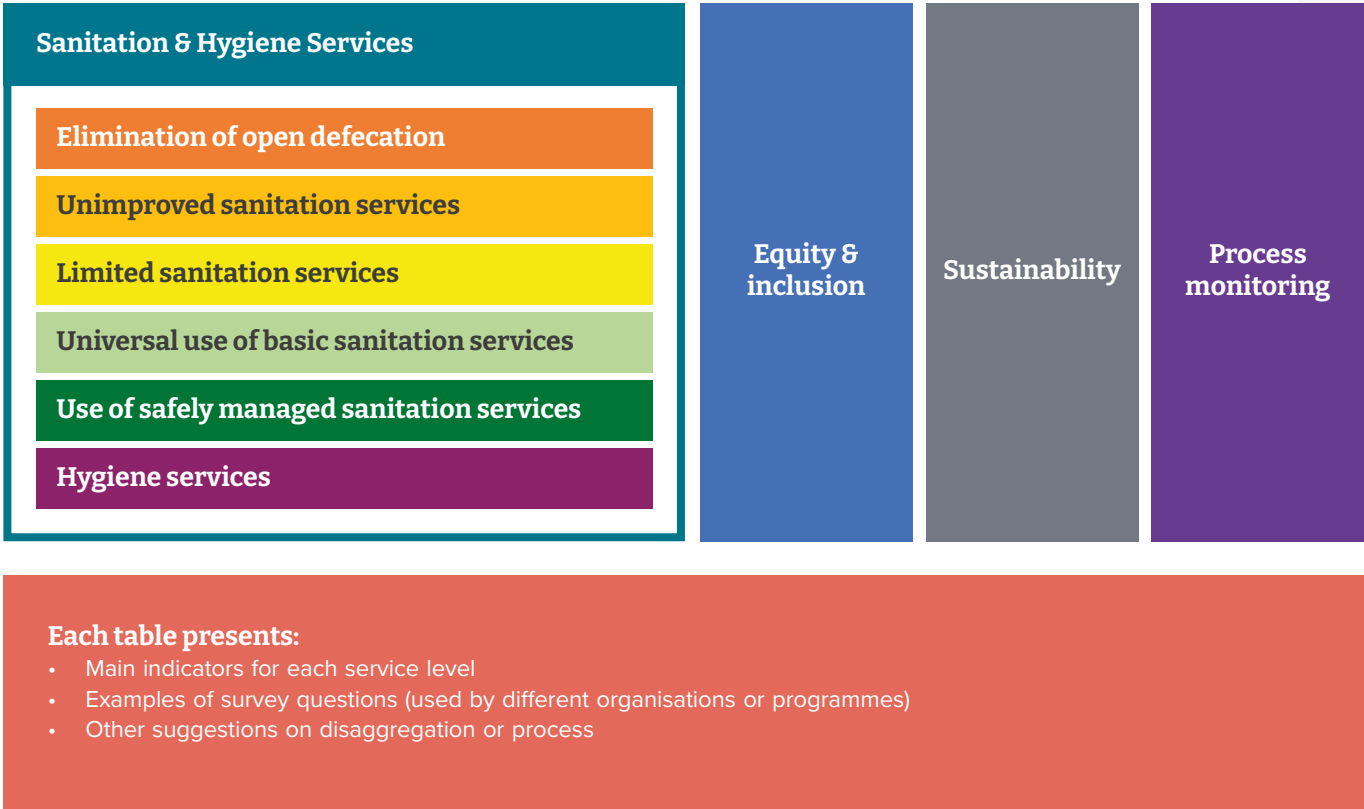
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M&E Indicator Framework

The following tables present recommended monitoring and evaluation (M&E) indicators and examples of data collection for the main M&E areas identified for rural sanitation and hygiene. The framework outlines core elements and features for reporting on progress towards the 2030 Sustainable Development Goal (SDG) sanitation target (and related national goals and targets for rural sanitation and hygiene), while also encouraging learning and accountability.

This M&E framework should be read alongside the accompanying document: M&E for rural sanitation and hygiene – guidelines and framework.



Summary Of M&E Indicator Framework

Table 1.1 Elimination of Open Defecation

1. % people practising open defecation
2. % households (HH) practising open defecation
3. % unsafe disposal of child excreta
4. % HH with evidence of human faeces in compound

Example 1: r.i.c.e India survey question on individual sanitation practice

Example 2: JMP core and expanded household survey questions

Example 3: SNV SSH4A questionnaire

Example 4: Global Sanitation Fund (GSF) outcome surveys

Example 5: CONCERN Baby WASH guide module

Example 6: WHO WASH-NTD toolkit

5. Community: All ODF criteria verified in household visits

Example 7: Philippine Approach to Sustainable Sanitation (PhATSS)

6. National: % HH practising open defecation

7. National: % communities certified ODF

8. National: % districts/provinces certified ODF

Example 8: CLTS Real Time Monitoring Information System, MoH Kenya

Table 1.2 Elimination of Unimproved Sanitation Services

1. % people using unimproved sanitation facilities
2. % HH using unimproved sanitation facilities
3. % children using unimproved sanitation facilities

Example 1: JMP core household survey question

Example 2: SNV SSH4A questionnaire

Table 1.3 Use of Limited Sanitation Services

1. % people using shared sanitation facilities
2. % HH using shared sanitation facilities
3. % children using shared sanitation facilities

Example 1: JMP core and expanded household survey questions

Example 2: SNV SSH4A questionnaire

Table 1.4 Universal Use of Basic Sanitation Services

1. % people using basic sanitation facilities
1. % people using basic sanitation facilities
2. % HH using basic sanitation facilities
3. % children using basic sanitation facilities

Example 1: JMP core and expanded household survey questions

Example 2: SNV SSH4A questionnaire

Example 3: Global Sanitation Fund (GSF) outcome surveys

Example 4: iDE Bangladesh Best Practice Guidelines

1. Community: 100% people use basic sanitation services.

2. Community: 100% HH use basic sanitation services

3. Community: Elimination of open defecation.

4. Community: Elimination of unimproved sanitation services.

5. Community: Elimination of limited (shared) sanitation services.

4. Community: 100% safe disposal of child excreta.

5. Community: 100% schools provide basic sanitation services.

6. Community: 100% healthcare facilities provide basic sanitation services.

Example 5: Philippine Approach to Sustainable Sanitation (PhATSS)

Example 6: JMP core questions for schools & HCFs

Front cover image: A latrine in Hells Gate community, Nakuru county. The owners, John and Virginia Njogu built the toilet after their community was triggered. Solomon Ndungu, a CLTS coordinator and Ekrah Wairimu a local VSC, make a follow visit to inspect the latrine and hand washing station along with Peter Murugu a PHO (Credit: Jason Florio)

Table 1.5 Use of Safely Managed Sanitation Services	
1. % people using safely managed sanitation facilities	7. Community: 100% safe disposal of child excreta
2. % HH using safely managed sanitation facilities	8. Community: 100% schools provide safely managed sanitation services
3. % children using safely managed sanitation facilities (plus safe disposal of child excreta)	9. Community: 100% healthcare facilities provide safely managed sanitation services
Example 1: JMP core and expanded household survey questions	Example 4: Philippine Approach to Sustainable Sanitation (PhATSS)
Example 2: SNV SSH4A questionnaire	1. District: Emptying and transport service providers
Example 3: iDE Cambodia FSM household survey	2. District: Treatment service providers
1. Community: 100% people use safely managed sanitation services	3. District: Disposal service providers
2. Community: 100% HH use safely managed sanitation services	4. District: Excreta use service providers
3. Community: Elimination of open defecation	Example 5: JMP draft questions for pilot surveys of emptying & transport service providers
4. Community: Elimination of unimproved sanitation services	Example 6: Citywide Inclusive Sanitation Safety Indicators
5. Community: Elimination of limited (shared) sanitation services	
6. Community: Elimination of basic sanitation services	

Table 1.6 Hygiene Services	
HANDWASHING WITH SOAP	
1. Observed presence of a handwashing facility with soap and water	Example 5: UNICEF guidance for monitoring menstrual health and hygiene
2. Practice of handwashing with soap at critical times	Example 6: JMP core household survey questions for menstrual hygiene
3. Prevalence of illness during the 72 hours preceding the interview	Example 7: WaterAid Menstrual Hygiene Matters
Example 1: JMP core household survey questions	Example 8: GSF outcome surveys
Example 2: SNV SSH4A questionnaire	ENVIRONMENTAL HEALTH
Example 3: Global Sanitation Fund (GSF) outcome surveys	1. Households with adequate solid waste management services
Example 4: Community Health Club Household Inventory Monitoring Tool	2. Households with adequate liquid waste management services
MENSTRUAL HEALTH	3. Households with safe drinking water management
1. Private place to wash and change	4. Households with safe food hygiene
2. Use of menstrual hygiene materials	5. Households with safe personal hygiene
3. Exclusion due to menstruation	Example 9: Community Health Club Household Inventory Monitoring Tool

Table 2.0 Equity and Inclusion	
ADEQUATE AND EQUITABLE SERVICES FOR ALL	
1. Identification of main marginalised groups	5. If possible, please provide examples of a result or action that can be attributed to an input or suggestion made by you during a community meeting?
2. Assessment of barriers to use of services	6. Describe your level of participation in community activities?
3. Disaggregated monitoring of marginalised groups	7. Please list the community activities that you have taken part in during the past 3 months:
4. Satisfaction with sanitation outcomes and impacts	8. Describe your level of participation in community sanitation and hygiene activities?
Example 1: MICS6 household questionnaire	9. Please list the community sanitation and hygiene activities that you have taken part in during the past 3 months:
Example 2: Washington Group short set questions on disability	Example 8: Plan Gender and WASH monitoring tool
Example 3: Equity Tool	Example 9: SNV SSH4A outcome indicators
Example 4: WSSCC EQND study	Example 10: SEI Empowerment in WASH index
Example 5: GSF & SNV questions on equitable use & satisfaction with services	Example 11: Citywide Inclusive Sanitation Equity Indicators
Example 6: WaterAid Barrier analysis tool	EQUITY AND INCLUSION SYSTEMS
Example 7: Learning - most significant change over time	Example 12: 2018 WaterAid Australia Women's Empowerment and Gender Transformation Framework
PARTICIPATION AND EMPOWERMENT	Example 13: Mission East Inclusion evaluation checklist
1. Are you always invited to participate in community meetings?	
2. Does your participation make a difference to the meetings?	
3. During meetings, do you get the chance to fully express yourself?	
4. During meetings, do you feel that your ideas and opinions are considered or valued?	

Table 3.0 Sustainability	
SUSTAINABLE SANITATION SERVICES AND OUTCOMES	
Example 1: UNICEF sustainability checks	
Example 2: UNICEF ODF sustainability survey	
Example 3: SNV sustainability indicators	

Table 4.0 Process monitoring	
COMMUNITY LED TOTAL SANITATION	
1. Attendance at CLTS triggering meeting	6. Number and % villages receiving direct promotional activities or product sales
2. Number of supportive community leaders	7. Amount and % of local government budget allocated to market-based sanitation
3. Agreed incentives provided at community level	Example 1: Water for People: Service Outcomes at Local Level
4. Number of follow-up visits	SANITATION FINANCE
5. Completion of all stages of CLTS process	1. Number and % of toilet subsidies provided to households from poor and marginalised groups
MARKET-BASED SANITATION	2. Number of financial support products for sanitation supplied to rural HH
1. Number and % HH that purchased improved sanitation facilities	3. Community support for toilet construction
2. Number and % HH with new purchased facilities that are fully installed	4. Number and % HH gaining use of basic sanitation services through sanitation finance mechanisms.
3. Number and % HH with new purchased facilities that are functional and in use	5. Household investment in new (or upgraded) toilet facilities
4. Number and % HH satisfied with their new sanitation facilities or services	6. Government investment in sanitation finance
5. Number and % people recalling demand activation messages	

Table 1.1: Sanitation Outcomes – Elimination of Open Defecation

Indicators
HOUSEHOLD LEVEL: OPEN DEFECATION
<p>Recommended indicators:</p> <ol style="list-style-type: none">% people practising open defecation% households (HH) practicing open defecation% unsafe disposal of child excreta% HH with evidence of human faeces in compound <p>Evidence of intra-household variations in the practise of open defecation suggests that individual practice should be monitored wherever possible (rather than household).</p> <p>Monitoring of child excreta disposal usually requires either observation of child sanitation practices, or survey of the female (or other) caregivers of young children.</p> <p>See <i>M&E guidelines and framework (Section 5.1)</i> for further details on the monitoring of the elimination of open defecation.</p>
<p>Example 1: r.i.c.e, India survey question (on individual sanitation practice)¹</p> <p><i>Priming question (to reduce desirability bias): I have seen that some people defecate in the open, and some people use the latrine. Now I want to ask about where you and your family members defecate.</i></p> <p><u>Q. The last time [name of household member] defecated, did [name of household member] defecate in the open or use the latrine?</u></p> <p>Options: <i>latrine, open or somewhere else.</i></p>
<p>Example 2: JMP core and expanded household survey questions²</p> <p>S1 Q. <u>What kind of toilet facility do members of your household usually use?</u></p> <p>Option: No facility/bush/field [plus multiple other toilet options]</p> <p>XS2 Q. <u>Do all household members usually use the sanitation facility?</u></p> <p><i>Record name and copy line number from list of household members; record response for each in order to link with age, sex, disability and other circumstances.</i></p> <p>Options: [Name] [Yes/No]</p> <p>XS5 Q. <u>The last time [name of child] passed stools, what was done to dispose of the stools?</u></p> <p>Options: <i>Put/rinsed into drain or ditch; thrown into garbage (solid waste); left in the open; used as manure; [child used toilet; put/rinsed into toilet].</i></p>
<p>Example 3: SNV SSH4A questionnaire³</p> <p>SAN1 Q. <u>Do members of your household have a toilet?</u></p> <p>Options: <i>No toilet, practise OD [other options: use of a shared toilet; use own household toilet].</i></p> <p>USAN10 Q. <u>How do you dispose of stools of children under the age of 3 years old?</u></p> <p>Options: <i>Pick up and deposit in the garbage; leave it where it drops; [pick up stool and deposit in the toilet; the children use diapers].</i></p>

Example 4: Global Sanitation Fund (GSF) outcome surveys

Household survey: female caregiver

In households with under 5-year old children, ask whether the female caregiver of the youngest child is present. If yes, the caregiver of the youngest child is the respondent. If there is no child under 5 or no female caregiver present, ask if the youngest woman in the household (over age 18) is available for interview.

Household Census HC6 Q. How often does [NAME] defecate in the open?

Options: *Always, sometimes or never*

Household Census HC7 Q. How often does [NAME] use the latrine when they defecate?

Options: *Always, sometimes or never*

HSV34 Q. Observation: Are there human faeces in the household area or around the compound?

Options: *Yes/No.*

HSV35 Q. Observation: Are there animal faeces in the household area or around the compound?

Options: *Yes/No.*

Structured observations:

Negotiate with the household members to agree on a place where you can be situated to observe household activities. Ideally, you should be located in a place with a direct view of the latrine and the kitchen or food preparation area. If there are children under 5-years of age in the household, always keep the primary caregiver of the youngest children in your line of vision.

For each event:

SOB01. Auto-record time of each event observation.

SOB02. Age group of person involved (infant; pre-school; primary school age; secondary school age, adult, older adult).

SOB03. Sex of person involved (male; female).

SOB04. Which event are you observing?

Options: *Defecation; toilet use; handling child faeces; cleaning baby’s anus; changing nappy; touching animal faeces; other faeces-handling events; preparing any food; handling raw meat/fish; cutting/touching fruits or vegetables; other food-handling events; feeding a child < 5 years; breastfeeding; serving food; eating; respiratory fluid contact; other.*

Where SOB04 = Defecation:

SOB05. Where did the defecation take place?

Options: *Inside toilet; in the courtyard; in the room/house; outside the room but not in the courtyard; potty; bush/jungle/field; in/near body of water; other (specify).*

Where SOB04 = Handling child faeces:

SOB06. Where did the faecal contact take place?

Options: *Inside toilet; in the courtyard; in the room/house; outside the room but not in the courtyard; potty; bush/jungle/field; in/near body of water; other (specify).*

SOB07. How was the faeces disposed of?

Options: *Did nothing (no disposal); bare hands; cloth/paper/leaves; scrap material to scoop faeces; potty; used local scoop, agricultural hoe or other implement; other (specify).*

SOB08. Where were the faeces disposed of?

Options: *Latrine; open pit/separate pit for child or animal faeces; bury it/covered pit; undefined open site near courtyard; garbage disposal site/dump; bush/forest/field; nearby water (pond, canal, river); other (specify).*

SOB09. How was the faeces disposal tool cleaned?

Options: *Cleaned in latrine; cleaned at nearby water source (pond); cleaned in the courtyard using self-poured water; did not clean; could not observe.*

1 r.i.c.e = Research Institute for Compassionate Economics (<https://riceinstitute.org/>); Vyas S et al (2019) Measuring open defecation in India using survey questions: evidence from a randomised survey experiment BMJ Open 2019 doi:10.1136/bmjopen-2019-030152 <https://riceinstitute.org/measuring-open-defecation-in-india>

2 JMP (2018) Core questions on drinking water, sanitation and hygiene for household surveys: 2018 update New York: United Nations Children’s Fund (UNICEF) and World Health Organization.

3 SNV (2019) SSH4A Performance Monitoring Framework: Part 1. Introduction and impact indicators The Hague: SNV.

Example 5: CONCERN Baby WASH guide module⁴

Safe child excreta disposal

1. Safe disposal of children’s faeces: % of young children (0–23 months) whose faeces are always disposed of safely (defined as immediate removal of faeces and disposal in a latrine, and washing hands afterwards).
2. Knowledge of the dangers of ingesting **baby** faeces: % of caregivers of infants (0–23 months) who have adequate knowledge of the dangers of infants and young children ingesting their faeces.
3. Knowledge of the safe disposal of baby faeces: % of caregivers of infants (0–23 months) who have adequate knowledge of how to safely dispose of baby and young child faeces.
4. % of households with infants (0–23 months) using washable nappies, loin cloths or potties for safe disposal of infant faeces (with evidence of use).

Clean play spaces

1. Clean play spaces for infants: % of caregivers of infants (0–23 months) who usually play in a clean environment within the household (no animals, animal faeces, human faeces or trash).
2. Knowledge of the importance of clean play spaces: % of caregivers of infants (0–23 months) who have adequate knowledge of the importance of creating clean play spaces for infants within the household.
3. Knowledge of the dangers of ingesting **animal** faeces: % of caregivers of infants (0–23 months) who have adequate knowledge of the dangers of infant and young children ingesting animal faeces.
4. Knowledge of how to provide clean play spaces: % of caregivers of infants (0–23 months) who have adequate knowledge of how to create clean play spaces for infants in their household.
5. Separation of animals and infants: % of households within infants (0–23 months) where animals are normally separated from areas where infants are set down and play within the household.

Example 6: WHO WASH-NTD toolkit:⁵

Output S2. Young children not exposed to faecally contaminated soil in household compound.

% HH with no evidence of human faeces in the compound.

COMMUNITY LEVEL: OPEN DEFECATION FREE (ODF) COMMUNITY

1. All ODF criteria verified in households visited.

Typical core criteria:

- No visible or exposed human excreta observed in the community
- All households using a hygienic toilet (shared or private)

Some ODF protocols add additional criteria:

- Safe management and disposal of infant and child excreta
- All households have a handwashing facility near the toilet

Example 7: Philippine Approach to Sustainable Sanitation (PhATSS)⁶

Documents required for Grade 1 (G1) Zero Open Defecation (ZOD = ODF) verification and certification:

- Community map showing boundaries, landmarks, households and toilets
- Copy of barangay ordinance on zero open defecation
- Copy of barangay action plan indicating activities planned to reach G2 Basic Sanitation Status
- **Copy of barangay development plan indicating funding allocated for G2 activities**

Criteria for G1 Zero Open Defecation status:

Random selection of at least 10% of the households in the barangay.

1. Is there a toilet? (Yes/No)
2. Is it being used? (Yes/No)
3. Is the toilet functional and well maintained? (Yes/No)
4. Is there soap and water at/or near the toilet? (Yes/No)
5. Are children, elderly and people with disability’s faeces and diapers properly disposed? (Yes/No/Not applicable)
6. Are there no more faeces found in the open spaces of the community? (Yes/No)

Summary of household survey and community inspection:

- A. There are NO VISIBLE SIGNS OF OPEN DEFECATION in the barangay (note: please check OD sites)? (Yes/No)
- B. Do all households have YES responses for questions 1-6 above? (Yes/No)
- C. Do all households using a shared toilet meet the recommended number of households or persons sharing the toilet? (Yes/No)
- D. Is there a local ordinance that prohibits open defecation and establishes a barangay monitoring team to sustain ZOD status (ask the barangay to provide a copy)? (Yes/No)
- E. Is there an Action Plan approved to get to G2 (basic sanitation status)? (Yes/No)
- F. Is there a monitoring report submitted by the barangay (ask the barangay to provide a copy)? (Yes/No)

If YES is answered to all questions A–F the barangay can be declared as ZOD certified

DISTRICT LEVEL: OPEN DEFECATION FREE (ODF) DISTRICT *Or other government administration unit*

Process to check that entire district is ODF:

1. Confirm certification of all community ODF (by higher level government officials, or third party certification team)
2. Spot checks on community ODF (random selection of 5–10% of certified ODF communities for re-certification)

NATIONAL LEVEL: OPEN DEFECATION FREE (ODF) NATIONAL STATUS

Recommended indicators:

1. % HH practising open defecation
2. % communities certified ODF
3. % districts/provinces certified ODF

Example 8: Ministry of Health CLTS Real Time Monitoring Information System (RTMIS),⁷ Kenya

Sanitation progress data are collected by community health volunteers using paper registers, then aggregated at subcounty level and entered into the RTMIS by subcounty health officials. The RTMIS reports national and sub-national sanitation data for the entire country, with a map summarising county-level progress, including these indicators:

- Total number of communities
- Number and percentage of CLTS triggered communities
- Number and percentage of claimed ODF communities
- Number and percentage of verified ODF communities
- Number and percentage of certified ODF communities
- Remaining (unclaimed) communities

4 CONCERN (draft) Baby WASH guidance: Module 3 Monitoring and evaluation.

5 WHO (2019) WASH-NTD indicators and logframe: Tool 20 Geneva: World Health Organization, Water Sanitation and Hygiene and Neglected Tropical Diseases toolkit.

6 Department of Health (2019) Administrative Order No. 2019-0054: Guidelines on the Implementation of the Philippine Approach to Sustainable Sanitation (PhATSS) Manila: Republic of the Philippines, Department of Health, Administrative Order.

7 <http://wash.health.go.ke/clts/user/loadGuestDashboard>

Table 1.2: Sanitation Outcomes – Elimination of Unimproved Sanitation Services

Indicators
HOUSEHOLD LEVEL: USE OF UNIMPROVED SANITATION SERVICES
<p>Recommended indicators:</p> <ol style="list-style-type: none">1. % people using unimproved sanitation facilities2. % HH using unimproved sanitation facilities3. % children using unimproved sanitation facilities <p>Evidence of intra-household variations in sanitation practice suggests that individual practice should be monitored wherever possible. Measures of toilet use by adults and children (or child excreta disposal) should be aligned so that there is no double counting (or exclusion) of either people or households.</p> <p>JMP monitoring definitions state that ‘pit latrines with slab’ should be classed as unimproved sanitation facilities if:</p> <ol style="list-style-type: none">a. The slab only partially covers the pit.b. The slab is constructed from materials that are not durable and easy to clean (e.g. sticks, logs or bamboo) even if covered with a smooth layer of mortar, clay or mud. <p>See M&E guidelines and framework (Section 2.2) for JMP monitoring definitions and further details on the differentiation of improved and unimproved sanitation facilities.</p>
<p>Example 1: JMP core question⁸</p> <p>S1 Q. <u>What kind of toilet facility do members of your household usually use?</u></p> <p>Options:</p> <p><i>Flush or pour-flush to open drain</i> <i>Flush or pour-flush to elsewhere</i> <i>Pit latrine without slab/open pit</i> <i>Bucket</i> <i>Hanging toilet/hanging latrine</i> <i>Burial (cat method)</i> <i>[other options: improved toilets; No facility/bush/field]</i></p>
<p>Example 2: SNV SSH4A questionnaire⁹</p> <p>The SNV SSH4A household survey uses functional criteria to determine whether household sanitation facilities are improved sanitation facilities (i.e. whether the facility hygienically separates human faeces from human contact) and meet the JMP criteria on complete and easy to clean slabs (SAN4 and SAN5A questions) and excreta containment in a pit or tank or transport off-site (SAN3A question). The SNV survey assumes that regular surveys will confirm the durability and sustained use of the sanitation facility (thus does not check the toilet slab material).</p> <p>SAN1 Q. <u>Do members of your household have a toilet?</u></p> <p>Options: <i>Use own household toilet; No toilet, Use of a shared toilet [other options: No toilet, practise OD].</i></p> <p>SAN3 Q. (Ask & observe) <u>What type of toilet is it? Can you please show it to me?</u></p> <p>Options: <i>Pit latrine without slab; Bucket; Hanging toilet or hanging latrine [Other: flush/pour flush toilet; VIP latrine; pit latrine with slab; composting toilet; urine diversion toilet].</i></p> <p>SAN3A Q. (Ask & observe) <u>Where do the faeces go?</u></p> <p>Options: <i>To the street, field or open pit; To a pond; To the river or storm water drain</i> <i>[Other: to a direct leach pit; to an offset leach pit; to a double (alternating) offset leach pit; to separate urine/faeces compartments (ecosan); to a watertight holding pit/tank; to a watertight double chamber septic tank with outlet; to a piped sewer or DEWATS]</i></p> <p>SAN4 Q. (Ask & observe) <u>Can rats reach the faeces in any way?</u></p> <p>Options: <i>Yes [= unimproved]; No [= improved].</i></p> <p>SAN5A Q. (Ask & observe) <u>Is the toilet slab washable and/or cleanable?</u></p> <p>Options: <i>No; Yes, cleanable but not washable; Yes, cleanable and washable.</i></p>

8 JMP (2018) Core questions on drinking water, sanitation and hygiene for household surveys: 2018 update New York: United Nations Children’s Fund (UNICEF) and World Health Organization.
9 SNV (2019) SSH4A Performance Monitoring Framework: Part 1. Introduction and impact indicators The Hague: SNV.

Table 1.3: Sanitation Outcomes – Use of Limited Sanitation Services¹⁰

Indicators
HOUSEHOLD LEVEL: USE OF LIMITED SANITATION SERVICES
<p>Recommended indicators:</p> <ol style="list-style-type: none">1. % people using shared sanitation facilities2. % HH using shared sanitation facilities3. % children using shared sanitation facilities <p>Evidence of intra-household variations in sanitation practice suggests that individual practice should be monitored wherever possible. Measures of toilet use by adults and children (or child excreta disposal) should be aligned so that there is no double counting (or exclusion) of either people or households.</p> <p>Three main types of sharing should be monitored:</p> <ol style="list-style-type: none">a. Own toilet, but share use with at least one other HHb. No toilet, but share use of a toilet owned by another HHc. No toilet, but share use of a public toilet <p>See M&E guidelines and framework (Section 2.2) for JMP monitoring definitions and further details on the differentiation of improved and unimproved sanitation facilities.</p>
<p>Example 1: JMP core and expanded questions¹¹</p> <p>Follow-up to question S1:</p> <p>S2 Q. <u>Do you share this [sanitation] facility with others who are not members of your household?</u></p> <p>Options: Yes/No</p> <p>S3 Q. <u>Where is this toilet facility located?</u></p> <p>Options: <i>In own dwelling; In own yard/plot; Elsewhere.</i></p> <p>XS1 Q. <u>How many households in total use this toilet facility, including your own household?</u></p> <p>Options: <i>Number of households/Don’t know</i></p> <p>XS6 Q. <u>Do you share this facility only with members of other households that you know, or is this facility open to the use of the general public?</u></p> <p>Options: <i>Shared with known households (not public); Shared with general public.</i></p> <p>XS2 Q. <u>Do all household members usually use the sanitation facility?</u></p> <p><i>Record name and copy line number from list of household members; record response for each in order to link with age, sex, disability and other circumstances. Options: [Name] [Yes/No]</i></p>
HOUSEHOLD LEVEL: USE OF LIMITED SANITATION SERVICES
<p>Example 2: SNV SSH4A questionnaire¹²</p> <p>SAN1 Q. <u>Do members of your household have a toilet?</u></p> <p>Options: <i>No own toilet, Use of a shared toilet; Use own household toilet; [other: No toilet, practise OD].</i></p> <p>Follows “use own household toilet” response to SAN1:</p> <p>SAN1A Q. <u>Do you share this toilet with people who are not a member of your household?</u></p> <p>Options: <i>No, only own household; Yes, more than one household.</i></p> <p>USAN4 Q. (Ask & Observe) <u>Is the toilet free from faecal smears on the pan, walls and floor?</u></p> <p>Options: Yes/No</p> <p>USAN5 Q. (Ask & Observe) <u>Is the toilet pan free from used cleaning materials (paper, stones, sticks)?</u></p> <p>Options: Yes/No</p>

10 Access to a limited sanitation service = use of improved sanitation facilities shared by two or more households.
11 JMP (2018) Core questions on drinking water, sanitation and hygiene for household surveys: 2018 update New York: United Nations Children’s Fund (UNICEF) and World Health Organization.
12 SNV (2019) SSH4A Performance Monitoring Framework: Part 1. Introduction and impact indicators The Hague: SNV.

Table 1.4: Sanitation Outcomes – Universal Use of Basic Sanitation Services

Indicators
HOUSEHOLD LEVEL: UNIVERSAL USE OF BASIC SANITATION SERVICES
<p>Recommended indicators:</p> <ol style="list-style-type: none">1. % people using basic sanitation facilities2. % HH using basic sanitation facilities3. % children using basic sanitation facilities <p>Evidence of intra-household variations in sanitation practices suggests that individual practice should be monitored wherever possible. Measures of toilet use by adults and children (or child excreta disposal) should be aligned so that there is no double counting (or exclusion) of either people or households.</p> <p>See <i>M&E guidelines and framework (Section 2.2) for JMP monitoring definitions and further details on the differentiation of improved and unimproved sanitation facilities.</i></p>
<p>Example 1: JMP core and expanded questions¹³</p> <p>S1 Q. <u>What kind of toilet facility do members of your household usually use?</u> Options: <i>Flush to piped sewer system/septic tank/pit latrine</i> <i>Dry pit latrine with slab</i> <i>Composting toilet: twin pit with slab/other</i> <i>Container-based sanitation</i> <i>[other options: No facility/bush/field; flush to open drain; flush to don't know where; pit latrine without slab/open pit; bucket; hanging toilet/hanging latrine]</i></p> <p>XS2 Q. <u>Do all household members usually use the sanitation facility?</u> <i>Record name and copy line number from list of household members; record response for each in order to link with age, sex, disability and other circumstances.</i> Options: <i>[Name] [Line Number] [Yes/No]</i></p> <p>XS7 Privacy Q. <u>Does the design of the toilet prevent other people seeing and hearing what you are doing when you use it?</u> Options: Yes/No</p> <p>XS8 Safety Q. <u>Do you or other household members face any risks when using the toilet?</u> Options: <i>No risks faced; Yes, risk to health; Yes, risk of harassment; Yes, other (specify).</i></p> <p><i>Inclusion questions:</i> XS3 Q. <u>Is everyone able to access and use the toilet at all times of the day and night?</u> <i>Record name and copy line number from list of household members; record response for each in order to link with age, sex, disability and other circumstances.</i> Options: <i>[Name] [Line Number] [Yes/No]</i></p> <p>XS4 Q. <u>What was the main reason that household members were unable to use the toilet at all times of the day or night?</u> Options: <i>Limited mobility; Distance/barriers; Toilet is not always available; Toilet is not always safe; Other (specify).</i></p>

13 JMP (2018) *Core questions on drinking water, sanitation and hygiene for household surveys: 2018 update* New York: United Nations Children's Fund (UNICEF) and World Health Organization.

Example 2: SNV SSH4A questionnaire¹⁴

<p>The SNV SSH4A household survey uses functional criteria to determine whether household sanitation facilities are improved sanitation facilities (i.e. whether the facility hygienically separates human faeces from human contact) and meet the JMP criteria on complete and easy to clean slabs (SAN4 and SAN5A questions) and excreta containment in a pit or tank or transport off-site (SAN3A question). The SNV survey assumes that regular surveys will confirm the condition and sustained use of the sanitation facility (hence the survey does not include questions about the material type or potential durability of the toilet slab).</p> <p>SAN1 Q. <u>Do members of your household have a toilet?</u> Options: <i>Use own household toilet [other options: No toilet, practise OD; No toilet, use of a shared toilet].</i></p> <p>SAN3 Q. <u>(Ask & observe) What type of toilet is it? Can you please show it to me?</u> Options: Flush/pour flush toilet VIP latrine Pit latrine with slab Composting toilet Urine diversion toilet [Other: Pit latrine without slab; Bucket; Hanging toilet or hanging latrine]</p> <p>SAN3A Q. <u>(Ask & observe) Where do the faeces go?</u> Options: To a direct leach pit To an offset leach pit To a double (alternating) offset leach pit To separate urine/faeces compartments (ecosan) To a watertight holding pit/tank To a watertight double chamber septic tank with outlet To a piped sewer or DEWATS [Other: To the street, field or open pit; To a pond; To the river or storm water drain]</p> <p>SAN4 Q. <u>(Ask & observe) Can rats reach the faeces in any way?</u> Options: <i>Yes [= unimproved]; No [= improved].</i></p> <p>The following question assesses whether the toilet is flyproof (as some national definitions of improved sanitation require flyproof toilets): SAN5 Q. <u>(Ask & observe) Does the toilet plan or slab allow flies to go in and out of the pit?</u> Options: Yes; No.</p> <p>SAN5A Q. <u>(Ask & observe) Is the toilet slab washable and/or cleanable?</u> Options: <i>No; Yes, cleanable but not washable; Yes, cleanable and washable.</i></p> <p>USAN4 Q. <u>(Ask & observe) Is the toilet free from faecal smears on the pan, walls and floor?</u> Options: Yes/No.</p> <p>USAN5 Q. <u>(Ask & Observe) Is the toilet pan free from used cleaning materials (paper, stones, sticks)?</u> Options: Yes/No.</p> <p>USAN7 Q. <u>Do you use water in your toilet?</u> Options: <i>No; Yes, water used for anal cleansing; Yes, for flushing (pour flush or handle flush); Yes, both for anal cleansing and flushing.</i></p> <p>Only ask if responded Yes to USAN7: USAN8 Q. <u>(Ask & Observe) Is water available in the toilet (for anal cleansing and/or for flushing)?</u> Options: Yes/No</p> <p><i>Inclusion questions:</i> USAN11 Q. <u>Is everyone in the household presently able to use the toilet easily and conveniently, unassisted?</u> Options: Yes/No</p> <p>USAN12 Q. <u>If no, why not?</u> Options (multiple): <i>illness, old age, injury, disability, pregnancy, menstruating women, small children.</i></p> <p>USAN13 Q. <u>How many small children in your household are unable to use the toilet easily and conveniently, unassisted?</u> Options: <i>number of children.</i></p>

14 SNV (2019) *SSH4A Performance Monitoring Framework: Part 1. Introduction and impact indicators* The Hague: SNV.

USAN13A Q. How are small children supported to make use of the toilet?
Options (multiple): *No support (practise OD); Use a potty; Use diapers; HH member held them to use toilet; Modifications made inside toilet to help them.*

USAN14 Q. Apart from small children, how many people in your household are unable to use the toilet easily and conveniently, unassisted?
Options: *number of people.*

USAN15 Q. Are these people supported to use the toilet?
Options: *Yes; No support, practice OD; No support, use toilet anyway.*

Only ask if Yes to USAN15:
USAN16 Q. How are these people supported?
Options: *HH member helps toilet use; Use bedpan; Use pedestal/commode; Modifications to toilet or toilet access.*

USAN20 Q. Does anybody in your HH have any problems in using the toilet?
Options: *No problems, not clean, smelly, no water inside, not easy to reach toilet, not easy to squat, afraid of falling or slipping, not easy to wash yourself, not easy to flush, too small/not enough space, too dark, no privacy, insects and animals inside, other (specify).*

Example 3: GSF outcome survey

GSF outcome surveys used the JMP core questions to determine the type of toilet facility, with the following additional questions on the features of the toilet:

HSV12 Q. Observation: Is there a water seal in the toilet pan?
Options: *Yes/No/Could not observe*

HSV13 Q. Observation: Is there a lid/cover for the pit hole?
Options: *Lid/cover in place; Lid/cover present but not in place; Lid/cover not present; Could not observe.*

HSV14 Q. Observation: Does the latrine have a concrete or cement floor slab?
Options: *Yes/No/Could not observe*

HSV15 Q. Observation: Does the floor/slab have cracks or holes?
Options: *Yes/No/Could not observe*

HSV30 Q. How clean is the toilet?
Options:
Clean: no strong smell, no traces of faecal matter, none or few flies or mosquitoes
Somewhat clean: some smell, traces of faecal matter, some flies or mosquitoes
Not clean: strong smell, solid faecal matter, many flies or mosquitoes
Could not observe.

Example 4: iDE Bangladesh Best Practice Guidelines¹⁵

Location (Yes/No responses):

1. **Is the latrine** separated from the kitchen?
2. Is the latrine separated from the tubewell?
3. Is the latrine 5ft or more away from the pond/canal/river?
4. Is the latrine within 10ft of the home?
5. Is the latrine away from the property edge?
6. Is the pathway of the latrine accessible around the year for all members of the household?
7. Is the door to the latrine accessible around the year for all members of the household?
8. Are the entry and steps to the latrine accessible around the year for all members of the household?
9. Is the space inside the latrine usable around the year for all members of the household?
10. Is the latrine placed in a culturally appropriate direction for the household?

Superstructure:

1. Does the latrine have walls?
2. Does the latrine have a roof?
3. Is the shelter greater than or equal to 33” wide?
4. Is the shelter taller than 5 feet?
5. **Does the shelter have a door?**

Midstructure:

1. Is the slab a minimum diameter of 33 inches?
2. Is the pan on the list of recommended pans?
3. Is the latrine raised to the height of the home?
4. Is the platform wider than the diameter of the slab?
5. Is the slab level and stable?

Substructure:

1. Are the slab and ring touching the top ring sealed with cement?
2. Are the rings below the surface of the ground ring **unsealed**?
3. Is the pit lined or backfilled with sand?
4. Is the pit four or less rings deep?
5. Are the rings over 30 inches diameter for a family < 6 people, or over 36 inches for a family > 6 people

Substructure – offset:

6. Is the layout on the recommended layout list for an upgrade?
7. **Do the pipes use** a bend as a diversion valve?
8. Is the entry of the pipe into the pit at the top for easy pit switching?
9. Is the pipe sloped into the pits?
10. Does the pit have a gas/vent pipe?

Maintenance:

1. Does the latrine have a bodna (flushing vessel)?
2. Is there flushing water nearby?
3. Does the latrine smell?
4. Is the latrine being swept at appropriate times? (dry season, yearly)
5. Is the pan/slab free from faeces?
6. Is the pan/slab free from flies and insects?
7. Is the shelter complete and stable?
8. Is the roof completed and stable?
9. Is the waterseal intact and functioning?
10. Is the slab complete and stable?
11. Is the pit complete and stable?
12. Is the pit free from leaking sludge?
13. Does the latrine have soap available?
14. Does the latrine have a light?
15. Are sandals available for all members of the household?

COMMUNITY LEVEL: UNIVERSAL COMMUNITY USE OF BASIC SANITATION SERVICES

Recommended indicators:

1. **100% people use basic sanitation services.**
2. **100% HH use basic sanitation services**
3. **Elimination of open defecation.**
4. **Elimination of unimproved sanitation services.**
5. **Elimination of limited (shared) sanitation services.**
6. **100% safe disposal of child excreta.**
7. **100% schools provide basic sanitation services.**
8. **100% healthcare facilities provide basic sanitation services.**

15 iDE Bangladesh Sanitation Best Practice Cards

Example 5: Philippine Approach to Sustainable Sanitation (PhATSS)¹⁶

Documents required for Grade 2 (G2) Basic Sanitation verification and certification:

- G1 ZOD certificate
- Community map showing boundaries, landmarks, households and toilets
- Copy of barangay ordinance on management of animal excreta and solid waste
- Copy of barangay action plan indicating activities planned to reach G3 Safely Managed Sanitation Status.
- Copy of annual investment program indicating budget allocations to reach G3 status
- Lists of household head names, and public institutional facilities located in the barangay

HH criteria for G2 Basic Sanitation status:

1. Is there a toilet? (Yes/No)
2. Is it being used? (Yes/No)
3. Is the toilet functional and well maintained? (Yes/No)
4. Is there soap and water at/or near the toilet? (Yes/No)
5. Are children, elderly and people with disability's faeces and diapers properly disposed? (Yes/No/Not applicable)
6. Are there no more faeces found in the open spaces of the community? (Yes/No)
7. Are there no sanitary napkins found in the open spaces of the community? (Yes/No)
8. Does the household practice waste segregation and composting? (Yes/No)
9. Does the household dispose their garbage properly? (Yes/No)
10. What type of toilet is present?
11. Is the household using their own toilet?

If the household is not using their own toilet, state the reason, and take a photo of the house and its immediate surroundings.

School criteria for G2 Basic Sanitation status:

Sample at least 50% of schools in the barangay:

- A. Number of students?
 - B. Total number of functional toilets in the school?
 - C. Average pupil/functional toilet ratio (A/B)?
1. Number of functional toilets that are safe for children to use?
 2. Is there water and soap near/at all toilets? (Yes/No)
 3. Are all toilets gender segregated? (Yes/No)

Check toilet type present:

Options: Flush/pour-flush to sewer; flush/pour-flush to septic tank; flush/pour-flush to pit; VIP latrine; pit latrine; other.

4. Does the school practise waste segregation and/or composting? (Yes/No)
5. Does the school dispose of their garbage properly? (Yes/No)

Child Development Centre (CDC) Criteria for G2 Basic Sanitation status:

Sample at least 50% of CDCs in the barangay:

1. Is there a toilet? (Yes/No)
2. Is the toilet functional and well maintained? (Yes/No)
3. Is the toilet safe for children/children with disabilities to use? (Yes/No)
4. Is there water and soap near/at all toilets? (Yes/No)

Check toilet type present:

Options: *Flush/pour-flush to sewer; flush/pour-flush to septic tank; flush/pour-flush to pit; VIP latrine; pit latrine; other.*

5. Does the CDC practice waste segregation and/or composting? (Yes/No)
6. Does the CDC dispose of its garbage properly? (Yes/No)

Healthcare Facility (HCF) Criteria for G2 Basic Sanitation status:

Sample at least 50% of HCFs in the barangay:

1. Is there a toilet? (Yes/No)
2. Is there at least one toilet that is functional and well maintained?
3. Is there water and soap near/at all toilets? (Yes/No)

Check toilet type present:

Options: *Flush/pour-flush to sewer; flush/pour-flush to septic tank; flush/pour-flush to pit; VIP latrine; pit latrine; other.*

4. Does the HCF practise waste segregation and/or composting? (Yes/No)
5. Does the HCF dispose of its garbage properly? (Yes/No)

Summary of household survey & community inspection:

- A. There are NO VISIBLE SIGNS OF OPEN DEFECATION in the barangay (note: please check OD sites)? (Yes/No)
- B. Do all households have YES responses for questions 1–7 above? (Yes/No)
- C. Do all sampled households use their own sanitary or improved toilet (refer to questions 10–11)? (Yes/No)
- D. Is there a functional 'materials recovery facility' (MRF) in the barangay (please visit and check the MRF is operational)?
- E. Do all sampled households practice proper garbage disposal appropriate to their context (refer to questions 8–9)?

Summary of public institutional facilities:

- F. Do all sampled schools have Yes responses for Part II-A?
- G. Do all sampled schools meet the 1:101 toilet to pupil ratio?
- H. Do all sampled CDCs have Yes responses to Part II-B?
- I. Do all sampled HCFs and other public institutional facilities have YES responses to Part II-C?
- J. Do all sampled HCFs and other public institutional facilities use a functional sanitary or improved toilet?

Sanitation programme governance:

- K. Is there a local ordinance that prohibits open defecation and establishes a barangay monitoring team to sustain ZOD & G2 status (ask the barangay to provide a copy)? (Yes/No)
- L. Is there a local ordinance on having toilets in institutions, schools and child development centres?
- M. Is there a local ordinance on animal excreta management?
- N. Is there a local ordinance on solid waste management?
- O. Is there a monitoring report submitted by the barangay (ask the barangay to provide a copy)? (Yes/No)
- P. Is there an Action Plan approved to get to G3 (safely managed sanitation status)? (Yes/No)
- Q. Is there budget allocation for activities to get to G3?

If YES is answered to all questions A–R the barangay can be declared as G2 Basic Sanitation certified.

Example 6: JMP core questions for schools & HCFs?

More detail on the monitoring of sanitation and hygiene in institutions can be found at the JMP [WASHdata.org](https://washdata.org) website and in the following JMP publications:

<https://washdata.org/monitoring/methods/core-questions>

JMP (2018) *Core questions and indicators for monitoring WASH in schools in the Sustainable Development Goals* Geneva: United Nations Children's Fund (UNICEF) and World Health Organization Joint Monitoring Programme for water supply, sanitation and hygiene.

JMP (2018) *Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals* Geneva: United Nations Children's Fund (UNICEF) and World Health Organization Joint Monitoring Programme for water supply, sanitation and hygiene.

¹⁶ Department of Health (2019) Administrative Order No. 2019-0054: Guidelines on the Implementation of the Philippine Approach to Sustainable Sanitation (PhATSS) Manila: Republic of the Philippines, Department of Health, Administrative Order.

Table 1.5: Sanitation Outcomes – Use of Safely Managed Sanitation Services

Indicators
HOUSEHOLD LEVEL: USE OF SAFELY MANAGED SANITATION SERVICES
<p>Recommended indicators:</p> <ol style="list-style-type: none">1. % people using safely managed sanitation services2. % HH using safely managed sanitation services3. % children using safely managed sanitation services (or with safe disposal of child excreta) <p>Evidence of intra-household variations in sanitation practices suggests that individual practice should be monitored wherever possible. Measures of open defecation, toilet use by adults and children (or child excreta disposal) should be aligned so that there is no double counting (or exclusion) of either people or households.</p> <p>JMP monitoring definitions state that the use of safely managed sanitation services requires:</p> <ol style="list-style-type: none">a. Use of improved facilities that are not shared with other households.b. Excreta are safely disposed of on site, or transported and treated off site. <p>See <i>M&E guidelines and framework (Section 2.2)</i> for further details on the monitoring of safely managed sanitation services.</p> <p>See <i>Table 1.4</i> for information on JMP monitoring of the use of basic sanitation services.</p>
<p>Example 1: JMP core and expanded questions¹⁷</p> <p>XS9 Containment <u>Q. Does your sanitation facility [answer to S1] leak or overflow wastes at any time of year?</u> <i>Probe for problems during the rainy season or floods</i> Options: <i>No, never; Yes, sometimes; Yes, frequently; Don't know.</i></p> <p>XS10 Effluent <u>Q. Where does your septic tank discharge to?</u> <i>Applies only to population using septic tanks</i> Options: <i>To a leach field, soak pit; To a sewer [Other: To an open drain; To open ground or watercourse; Other (specify); Don't know].</i></p> <p>XS11 Emptying <u>Q. How many years ago was your latrine pit/septic tank built?</u> <i>Record responses in number of years</i> Options: <i>Number of years/Don't know</i></p> <p>S4 Emptying <u>Q. Has your (pit latrine or septic tank) ever been emptied?</u> Options: <i>Yes emptied; Never emptied; Don't know.</i></p> <p>XS12 Emptying <u>Q. How many years ago was your latrine pit/septic tank last emptied?</u> <i>Record responses in number of years</i> Options: <i>Number of years/Don't know</i></p> <p>XS13 Emptying <u>Q. The last time your latrine pit/septic tank [answer to S1] was emptied, who emptied it?</u> <i>Only applies to households reporting emptying and removal by a service provider</i> Options: <i>Name of service provider; Phone number of service provider; Don't know.</i></p> <p>S5 Disposal <u>Q. The last time [your on-site sanitation facility] was emptied, where were the contents emptied to?</u> Options: <i>Removed by a service provider: to a treatment plant; Removed by a service provider: buried in a covered pit; Removed by a service provider: to don't know where; Emptied by household: buried in a covered pit; Emptied by household: to uncovered pit, open ground, water body or elsewhere; Other (specify); Don't know.</i></p>

17 JMP (2018) Core questions on drinking water, sanitation and hygiene for household surveys: 2018 update New York: United Nations Children's Fund (UNICEF) and World Health Organization.

<p>Example 2: SNV SSH4A questionnaire¹⁸</p> <p>See <i>Table 1.4 (Example 2)</i> for further information on SNV SSH4A monitoring of the use of basic sanitation services. SNV used a flow chart to classify each household toilet (as safely or unsafely managed) based on the responses to the questions below:</p> <p>USAN1 <u>Q. (Ask & observe) Is the toilet in use as a toilet?</u> Options: <i>Yes/No</i></p> <p>USAN2 <u>Q. (Ask & observe) Is the toilet functioning as intended?</u> Options: <i>Yes/No/Don't know</i></p> <p>SAN3A <u>Q. (Ask & observe) Where do the faeces go?</u> Options: <i>To a direct leach pit</i> <i>To an offset leach pit</i> <i>To a double (alternating) offset leach pit</i> <i>To separate urine/faeces compartments (ecosan)</i> <i>To a watertight holding pit/tank</i> <i>To a watertight double chamber septic tank with outlet</i> <i>To a piped sewer or DEWATS</i> <i>[Other: To the street, field or open pit; To a pond; To the river or storm water drain]</i></p> <p>SAN4 <u>Q. (Ask & observe) Can rats reach the faeces in any way?</u> Options: <i>Yes [= unimproved]; No [= improved].</i></p> <p>SAN5 <u>Q. (Ask & observe) Does the toilet plan or slab allow flies to go in and out of the pit?</u> Options: <i>Yes/No</i></p> <p>SAN6 <u>Q. (Ask & observe) Is the pit/tank above ground?</u> Options: <i>Yes/No</i></p> <p>SAN7 <u>Q. How deep is the [bottom of the] toilet pit below the surface?</u> Options: <i>Depth in metres/Don't know</i></p> <p>SAN8 <u>Q. Does the pit or toilet leak, overflow or flood at any time of the year?</u> <i>Consider rainy season too</i> Options: <i>Yes/No</i></p> <p>Only ask if responded Yes to SAN8: SAN8A <u>Q. How often does the pit or toilet leak, overflow or flood?</u> Options: <i>It happened once; Rarely; Regularly; Continuously.</i></p> <p>SAN13 <u>Q. Is there any solid waste that you dispose in the toilet?</u> Options: <i>Yes/No</i></p> <p>SAN14 <u>Q. What type of solid waste do you dispose in the toilet?</u> Options: <i>Baby diapers; Menstrual hygiene products; Plastic packaging; Chemicals (e.g. insecticides); Batteries; Sticks and logs; Other (specify).</i></p> <p>SAN16 <u>Q. Has the pit ever been emptied?</u> Options: <i>Yes/No/Don't know</i></p> <p>Only ask if responded No to SAN16 SAN17 <u>Q. Why has the pit never been emptied?</u> Options: <i>The pit is not full yet; We have already dug a new pit; We have a twin pit toilet and are now using the second pit; Don't know.</i></p> <p>SAN17A <u>Q. How long have you been using the current pit?</u> Options: <i>Less than 1 yr; 1–2 yrs; 3–4 yrs; 5–7 yrs; 8–10 yrs; 11–15 yrs; 16–20 yrs; More than 20 yrs</i></p> <p>SAN18 <u>Q. When was the last time the pit was emptied?</u> Options: <i>Less than 6 months; 6–11 months ago; 1–2 yrs ago; 3–4 yrs ago; 5–7 yrs ago; 8–10 yrs ago; 11–15 yrs; 16–20 yrs; More than 20 yrs ago.</i></p> <p>SAN19 <u>Q. Who actually empties the pit?</u> Options: <i>The house owner or relatives; Tenants or their relatives; A sweeper or service provider; Other (specify); Don't know.</i></p> <p>SAN20 <u>Q. To empty the pit, did someone need to enter the pit?</u> Options: <i>Yes/No/Don't know</i></p>

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SAN21 Q. Did the emptiers use any of the following?
Options: *Boots; Gloves; Face mask; None of the above.*

SAN22 Q. What was it emptied into?
Options:
Directly into drain/water body less than 500m from house
Directly into field less than 500m from house
Into a pit on the compound: that was left open
Into a pit on the compound: that is covered (temporarily)
Into a pit on the compound: that is covered (permanently)
Stored for composting on the compound
Directly into drum/open container and taken away
Directly into closed container/tanker and taken away

SAN23 Q. Were the contents DRY when removed?
Options: *Yes/No/Don't know*

SAN24 Q. Do you use any of the pit contents?
Options: *No; Yes, for fish feed; Yes, for poultry feed; Yes, in kitchen garden/food crops; Yes, non-food crops/plants; Yes, producing biogas or charcoal.*

SAN25 Q. How long to you store the pit contents before [they are] used (in days)?
Options: *Number of days/Don't know*

SAN26 Q. Do you do any further processing apart from storage before it is used?
Options: *Yes (specify)/No*

Groundwater contamination questions:
SAN9 Q. Can (ground)water get in or out of the pit?
Probe whether the pit is watertight or sealed
Options: *Yes, water can go in and out (not watertight); No, the pit is watertight; Don't know.*

Only ask if responded Yes to SAN9
SAN10 Q. When the pit was dug, was any groundwater seeping in?
Options: *Yes/No/Don't know*

SAN 11 Q. (Ask & observe) What is the distance to the nearest water source?
Options: *Less than 10 metres; Between 10 and 100 metres; Between 100 and 500 metres; More than 500 metres.*

SAN12 Q. (Ask & observe) Is that water source uphill or downhill from the toilet?
Options: *Downhill; Uphill; At the same level.*

Following questions **asked at community level:**

HH5 Q. In the rainy season, what is the depth of the groundwater in this village?
Options: *< 1m, 1–2m, 2–3m, 3–5m, 5–10m, > 10m*

HH6 Q. What is the dominant soil type in this village?
Options: *Solid rock; Heavy clay/loam; Fine sand; Gravel or coarse sand; Fractured rock; Other.*

Example 3: iDE Cambodia FSM household survey¹⁹

Household survey conducted by iDE Cambodia in both English and Khmer to assess rural faecal sludge management practices when latrine pits fill (given high prevalence of pour-flush latrines discharging to offset pits lined with concrete rings). The survey was collaboratively developed by the members of the national technical team on rural faecal sludge management (with the rural WASH working group), thus it incorporates lessons learned from multiple previous household surveys on rural sanitation practice.

Equity question:

5.4 Q. What is your HH's ID Poor status?
Options: *ID Poor 1/2/DK*

6.1 Q. Could you show me your latrine?
Options: *Yes/No*

6.2 Q. Is this the first latrine you owned?
Options: *Yes/No*

6.3 Q. Could you tell me about this latrine (ask for following data)?
Options:
A. # years using this latrine?
B. # pits?
C. Direct pit?
D. Offset pit?
E. Pits in series?
F. Alternating pit (ADP)?
G. # rings in each pit? [*#,#,#,#*]
H. Pierced pit/modified for fluid discharge?
I. Difficult to access pit (e.g. under shelter/house)?

6.3.1 Q. If allowed to see latrine, how many 2m x 2m areas are currently empty/open around the existing pit?
Options: *0/1/2+*

6.4 Q. Last year, how many times did your latrine overflow or stop working (flushing) during the rainy season?
Options: *Never/once/more than once*

6.6 Q. How many times has your pit filled up before?
Options: *0/1/2/3/>3*

6.7 Q. Is your pit full now?
Options: *Yes/No*

6.8 Q. What did you do the last time your pit filled up (select all that apply)?
Options: *Emptied my pit; Opened pit during flood; Buried old pit; Installed a new pit in series; Installed an ADP (alternating dual pit); Installed a new latrine and pit; Started using neighbour's or other family member latrine; Reverted to open defecation; Still deciding (full now); Other (specify).*

Only ask if responded “Emptied my pit” to Q 6.8:
10.2 Q. Who emptied your pit?
Options: *Member of HH; Friend or neighbour; Service provider; Other (specify).*

10.3 Q. What equipment was used to empty your pit?
Options: *Bucket, shovel or similar; Pump and piping or similar; Vacuum truck; None, opened pit during flood; Other (specify).*

10.4 Q. In what month did you empty your pit?
Options: *Jan/Feb/Mar/Apr/May/June/Jul/Aug/Sep/Oct/Nov/Dec*

10.5 Q. What problems were encountered in emptying the pit?
Options: *Narrow path to pit; Trash in pit; Poor road conditions to access pit; Too far from disposal site; Poor or no road access; Obstructions above/around pit; None; Don't know.*

10.6 Q. What did it cost to empty your pit in total?
Options: [*# Riel/USD, Don't know, Nothing*]

10.9 Q. Where was the waste disposed?
Options: *Buried [*<10m, <30m, >30m from pit*]; Into body of water [*moving, static*]; Into field [*dumped, as crop fertiliser*]; Into wastewater treatment plant; Other (specify); Don't know.*

COMMUNITY LEVEL: COMMUNITY-WIDE SAFELY MANAGED SANITATION SERVICES

Recommended indicators:

1. 100% people use safely managed sanitation services
2. 100% HH use safely managed sanitation services
3. Elimination of open defecation
4. Elimination of unimproved sanitation services
5. Elimination of limited (shared) sanitation services
6. Elimination of basic sanitation services
7. 100% safe disposal of child excreta
8. 100% schools provide safely managed sanitation services
9. 100% healthcare facilities provide safely managed sanitation services

19 2019 household survey of faecal sludge management developed by iDE Cambodia for use in rural Cambodia.

Example 4: Philippine Approach to Sustainable Sanitation (PhATSS)²⁰

Documents required for Grade 3 (G3) Safely Managed Sanitation verification and certification (of community-wide outcomes):

- G2 Basic Sanitation certificate
- Community map showing boundaries, landmarks, households and toilets
- Copy of barangay ordinance on management of septage and wastewater
- Copy of local ordinance on water safety planning
- Copy of septage treatment plant permit (if in barangay)
- Copy of updated WASH sector plan.
- Copy of annual investment program indicating budget for sanitation activities.
- Lists of household head names, public institutional facilities and water service providers in the barangay

Additional HH criteria for G3 Safely Managed Sanitation:

- d. Have you ever emptied your septic tank or pit? Yes/No
- e. What did you do with the collected excreta/faecal sludge?
- f. If not yet emptied, what do you plan to do once the pit/tank is full?

Additional School/CDC/HCF criteria for G3 Safely Managed Sanitation:

Sample at least 50% of facilities in the barangay:

- 6. Has the school/CDC/HCF ever emptied the septic tank or pit? Yes/No
- 7. What was done with the collected excreta/faecal sludge?
- 8. If not yet emptied, what will be done once the pit/tank is full?

Additional criteria for household survey & community inspection:

- E. Do all sampled households, which have experienced full pits/septic tanks, use safe sanitation services (refer to question 5 in Part I)?

Additional criteria for public institutional facilities:

- J. Do all sampled public institutional facilities, schools and CDCs, which have experienced full pits/septic tanks, use safe sanitation services?

Criteria for water service providers:

- K. Do all sampled water service providers have a water safety plan audited by the Local Drinking Water Quality Monitoring Committee.

Sanitation programme governance:

- L. Is there a local ordinance that prohibits open defecation and establishes a barangay monitoring team to sustain G1, G2 & G3 status (ask the barangay to provide a copy)? (Yes/No)
- M. Is there a local ordinance on management of animal excreta and solid waste?
- N. Is there a local ordinance on septage/sewerage management?
- O. Is there a monitoring report submitted by the barangay (ask the barangay to provide a copy)? (Yes/No)
- P. Is there WASH Sector Plan integrated into the Annual Investment Programme? (Yes/No)

If YES is answered to all questions A–R (only relevant questions are shown here) the barangay can be declared as G3 Safely Managed Sanitation certified

DISTRICT LEVEL: AREA-WIDE SAFELY MANAGED SANITATION SERVICES

Safe management of sanitation services in a district requires that both rural and urban services are safely managed, and that all household and institutional services are safely managed.

Districts (and other sub-national governments) have a responsibility to monitor the provision of both on-site and off-site sanitation services, and assess whether these services are safely managed or not.

In addition to district aggregation of the household monitoring data (described above), the following service providers (and any equipment and facilities used by the service providers) need to be monitored:

1. Emptying and transport (E&T) service providers
2. Treatment service providers
3. Disposal service providers
4. Excreta use service providers

Districts should maintain an inventory of these service providers and the facilities managed by the service providers, and conduct routine monitoring (e.g. annual checks) of the safe management of these off-site sanitation services.

Example 5: JMP draft questions for pilot surveys of emptying & transport service providers²¹

ET4 Q. Which location do you [name] work in (describe by district, zone, village)?

Options: *name of location/Don't know*

ET5 Q. Are there other E&T service providers working the same areas? If Yes, how many?

Options: *Yes [number]/No/Don't know*

ET7 Q. What sort of toilet facilities do you empty?

Options: *Septic tank, pit latrines, other (specify), don't know*

ET8 Q. What type of equipment do you use for emptying?

Options (multiple): *Vacuum trucks; Vacutugs; Small motorised pumps; Non-motorised hand/manual pumps (e.g. gulper); Hand tools (e.g. shovels, spades, buckets, rope); Other (specify); Don't know.*

ET9 Q. What type of equipment do you use for transport?

Options: *Vacuum truck with large capacity tank (> 6m³); Vacuum truck with small capacity tank (< 6m³); Towed vacuum tank on wheels; Towed tank on wheels; Non-motorised (e.g. cart, barrow, rickshaw); Other (specify); Don't know.*

ET10 Q. When emptying and/or transporting faecal sludge, do you wear any special clothes or equipment?

Options: *Yes/No/Don't know*

ET11 Q. What special clothes or equipment are worn/used?

Options: *gloves, boots, masks, overalls, other (specify), don't know*

ET12 Q. On average, how many septic tanks/pits or other systems do you empty (per day/week or month)?

Options: *# per day/week/month; don't know*

ET13 Q. Do you discharge each [truck/tank/cart] load to the same location?

Options: *Yes/No/Don't know*

ET14 Q. How many different sites do you visit to discharge loads?

Options: *# sites, don't know*

ET16 Q. On average, of all the trips you make, what proportion do you make to each site?

Options: *[site name], [% of trips]*

ET17 Q. Do you keep records of the household emptying and transport activities that are carried out?

Options: *Yes/No/Don't know*

ET18 Q. Please can I see the records for the last 2 years?

Options: *Yes/No*

Interviewer should then try to match up properties interviewed in the household survey (who mentioned this service provider) with the service provider records.

²⁰ Department of Health (2019) Administrative Order No. 2019-0054: Guidelines on the Implementation of the Philippine Approach to Sustainable Sanitation (PhATSS) Manila: Republic of the Philippines, Department of Health, Administrative Order.

²¹ WHO reference

Example 6: Citywide Inclusive Sanitation Safety Indicators²²

SF1. % Safely managed sanitation?

- % of HH facilities that have been desludged
- % of collected faecal sludge disposed at treatment plant or designated disposal site
- Effectiveness of treatment in meeting standards for effluent discharge and biosolids disposal

SF4. % public spaces with adequate sanitation facilities?

- % public toilets where faecal sludge is safely transported to treatment or disposal
- % public toilets that adhere to principles of universal design
- Average waiting time at public toilets
- % of public toilets users who are women

SF7. % of desludging services completed mechanically or semi-mechanically?

SF8. % of desludging vehicles which comply with maintenance standards?

SF9. % of water contamination compliance (on faecal coliform)?

NATIONAL LEVEL: NATIONAL STATUS OF SAFELY MANAGED SANITATION SERVICES

National assessments of safely managed sanitation services will require aggregation of the monitoring data collected by all sub-national levels of local government.

Table 1.6: Hygiene Services

Indicators
HANDWASHING WITH SOAP
Recommended indicators: 1. Observed presence of a handwashing facility with soap and water (proxy indicator) 2. Practise of handwashing with soap at critical times (from structured observation or composite indicator) Impact indicator: 3. Prevalence of illness during the 72 hours preceding the interview e.g. diarrhoea or respiratory illness (impact indicator) <i>See M&E guidelines and framework (Section 2.2) for further details on the monitoring of hygiene services.</i>
Example 1: JMP core handwashing indicators H1. Can you please show me where members of your household most often wash their hands? <i>Options: Fixed facility observed (sink/tap) in dwelling, or in yard/plot; Mobile object observed (bucket/jug/kettle); No handwashing place in dwelling/yard/plot; No permission to see; Other reason (specify).</i> H2. Observe availability of water at the place for handwashing <i>Options: Water is available; Water is not available.</i> H3. Observe availability of soap or detergent at the place for handwashing <i>Options: Soap or detergent is available; Soap or detergent is not available</i>
Example 2: SNV SSH4A indicators and household survey questions The SNV Sustainable Sanitation and Hygiene for All (SSH4A) programme within the DFID-supported WASH Payment by Results programme included handwashing payments based on a composite handwashing indicator: 1. Self-reported handwashing mentioned at two critical times (before eating and after defecation) 2. Presence of a handwashing facility (near the toilet) 3. Presence of water in the handwashing facility 4. Presence of soap in the handwashing facility Households were only counted as practising handwashing with soap at the two critical times if they met all four criteria (e.g. mentioned the two critical handwashing times, and were observed to have water and soap present at a handwashing facility located near the toilet). Data were also collected on the population reached by handwashing promotion (through questions HW12 & HW13 below), and a photo was taken of any handwashing stations observed during the household survey. HW1. Please mention all the occasions when it is important to wash your hands? <i>Options: Before eating; Before breast feeding or feeding a child; Before cooking or preparing food; After defecation; After cleaning a child that has defecated/changing child’s nappy; After cleaning toilet or potty; Don’t know.</i> HW2. (Ask & observe) Is there a place for handwashing within 10 metres from the toilet? <i>Options: Yes; Yes, but it is further away than 10 metres from the toilet; No.</i> HW2A. Can you show it to me please? Observe: what type of handwashing station is this? <i>Options: Tippy tap; Open water bowl; Open water container/bucket with small cup; Open water container/bucket with ladle; Covered water container/bucket with ladle; Jerry can with tap; Tap with running water.</i> HW3. (Ask & observe) Is there water available at the place for handwashing near the toilet? <i>Options: Water is available at this moment; Water is not available at this moment.</i> HW4. (Ask & observe) Is there soap or a soap substitute available at the place for handwashing near the toilet? <i>Options: No; Soap present at this moment; Ash present at this moment; Mud or sand present at this moment.</i> HW5. (Ask & observe) Does the handwashing station prevent contamination of the water by hands? <i>Options: Yes; No.</i> HW6. (Ask & observe) Is there running water from a tap? <i>Options: Yes; No.</i>

22 Athena Infonomics (2021) Full list of CWIS Indicators Bill & Melinda Gates Foundation, City Wide Inclusive Sanitation website: <https://cwiscities.com/dashboard/dashboardinfo/>

NB Handwashing data are also collected in relation to the food preparation place. HW2–HW6 are repeated for ‘handwashing within 10 metres from the place where food is prepared’ in case there are two or more separate handwashing places within the household.

HW12. Have you seen/heard any promotion on good handwashing practice in the last 12 months? Through which source or media?
Options: *No; Yes, in a workshop; Yes, on the radio; Yes, on TV; Yes, in the newspaper; Yes, from a health visitor/community worker; Yes, through a brochure.*

HW13. Do you know the name of the organisation that organised it?
Options: *Don’t know; Local government; SNV (or one of our partners in this programme); ... [your campaign message here].*

PIC1. May I take some photos of your toilet and handwashing station?
Options: *Yes; No.*

Example 3: GSF outcome survey

Household survey questions to head of household, and to female caregiver:
HM01–HM03 = same as JMP core questions H1–H3 (see Example 1).

HM05. Is there any other place where members of your household sometimes wash their hands?
Options: *Yes; No.*

HM06. Can you please show me the other place where members of your household sometimes wash their hands?
Options: *Fixed facility observed (sink/tap) in dwelling, or in yard/plot; Mobile object observed (bucket/jug/kettle); No handwashing place in dwelling/yard/plot; No permission to see; Other reason (specify).*

HM09. Do you have any soap or detergent in your house for washing hands?
Options: *Yes; No.*

HM11. What type of soap or detergent is this? [Record your observation].
Options: *Bar or liquid soap; Detergent (powder/liquid/paste); Ash/mud/sand; Other (specify).*

HWH01. Some people wash their hands with soap after they defecate, some people wash their hands with water only, and some people do not wash their hands at all. What do you do? Would you say that, after defecating, you typically 1) DON'T wash your hands with soap; 2) DO wash your hands with soap, or 3) DON'T and DO wash your hands with soap equally?
Options: *Typically DON'T wash my hands with soap; Typically DO wash my hands with soap; DON'T and DO wash my hands with soap equally; Refuse to answer.*

Structured observations:

In each household, look around and record any handwashing stations (do not ask the participant to show you their handwashing stations, because you do not want the household members to know that you are tracking their handwashing).

Rapid observation of handwashing stations:

ROB01. Where is the handwashing station located?
ROB02. Which type of handwashing station/device is present?
ROB03. Is water present?
ROB04. Which type of soap is present? (check all that apply)
ROB05. Which type of other hand cleansing agent is present? (check all that apply)

Negotiate with the household members to agree on a place where you can be situated to observe household activities. Ideally, you should be located in a place with a direct view of the latrine and the kitchen or food preparation area. If there are children under 5-years of age in the household, always keep the primary caregiver of the youngest children in your line of vision.

For each event:

SOB01. Auto-record time of each event observation

SOB02. Age group of person involved (Infant; pre-school; primary school age; secondary school age, adult, older adult)

SOB03. Sex of person involved (male; female)

SOB04. Which event are you observing?
Options: *Defecation; toilet use; handling child faeces; cleaning baby’s anus; changing nappy; touching animal faeces; other faeces handling events; preparing any food; handling raw meat/fish; cutting/touching fruits or vegetables; other food handling events; feeding a child < 5 years; breastfeeding; serving food; eating; respiratory fluid contact; other events.*

SOB10. Were hands cleaned before/after?
Options: *No; Yes (one hand); Yes (both hands); Hands cleaned but could not observe whether one or both hands cleaned.*

SOB11. Which hand cleansing materials were used?
Options: *Water only; Bar soap; Powder soap/detergent; Liquid soap; Soapy water; Sand/mud; Could not observe.*

SOB12. How were hands dried?
Options: *Air drying; Own clothes; Cloth towel; Other (specify); Could not observe.*

Example 4: Community Health Club Household Inventory Monitoring Tool (Rwanda CBEHPP)²³

Monitoring of handwashing (during household inventory monitoring visit):

G5HW1. Handwashing method: if any children are present, ask them to wash their hands. If not, ask respondent.
Service level options: 1. Excellent (rub each finger & nails for long time, soap used); 2. Good (hands rubbed well with soap); 4. Average (quick with soap); 8. Poor (reuse of water in bowl, no soap); 16. Very bad (shared bowl of used water, no soap); 32. No handwashing.

G5HW2. Handwashing place: observe where handwashing facilities are?
Service level options: 1. Handwashing facilities (HWF) by kitchen and toilet or more; 2. HWF by toilet; 4. HWF in home (basin/jug); 8. No fixed place; 16. No HWF.

G5HW3. Handwash facility design: observe the type of handwashing facility?
Service level options: 1. Tap; 2. Step & wash; 4. Permanent (manufactured); 8. Temporary (homemade tippy tap); 16. Pour to waste over basin; 32. Jerry can; 64. Plastic bottle; 128. Common bowl.

G5HW4. Usage of handwashing facility: observe if they are used?
Service level options: 1. In use/filled with water; 2. Evidence of use but not filled with water; 4. Broken/no water.

G5HW5. Availability of soap/ash: observe if soap is present?
Service level options: 1. Soap at HWF and used; 2. Ash at HWF and used; 4. Soap/ash available, but not at HWF; 8. No soap observed, but use reported; 16. No soap or ash available, not used.

Assess overall service level: any ‘red’ scores = at risk; any ‘yellow’ scores = made progress, but needs improvement; if all ‘green’ = excellent hygiene standards.

Monitoring of health outcomes (during household inventory monitoring visit):

ST6. Does this household have children under 18-years old? Yes/No

C1. How many children are of 2-years or under?
C2. Measure the middle upper arm circumference (MUAC) of one child between 0–2-years old
C3. How many children between the ages of 3–5-years old?
C4. Measure the middle upper arm circumference (MUAC) of one child between 3–5-years old
C5. What is the total number of children under 5-years old? Check that number if correct – otherwise correct it.

MENSTRUAL HEALTH

- Recommended indicators:
- 1. Private place to wash and change
 - 2. Use of menstrual hygiene materials
 - 3. Exclusion due to menstruation

Example 5: UNICEF guidance for monitoring menstrual health and hygiene²⁴

Questions for programme monitoring:

BW5. How old were you when you had your first menstrual period?

Options: *age, never, don't know*

BW6. When did your last menstrual period start?

Options: *days, weeks, months, years*

S6.2a Who usually makes decisions about the materials that you use to absorb or catch menstrual blood?

Options: *myself, mother/female guardian, father/male guardian, parent/guardian and myself jointly, husband/partner, husband/partners and myself jointly, other*

S6.2b Who pays for your menstrual materials?

Options: *self, mother, father, husband/boyfriend/partner, sister, brother, school, friend, other.*

F2a. During your last menstrual period **while at home**, was the place you most often changed your menstrual materials:?

Yes/No for each option

Options (multiple responses allowed): *clean, private, safe, able to be locked, with water, with soap, with mirror, with shelf, well-lit, covered bin, well-ventilated*

F2b. During your last menstrual period **while at school**, was the place you most often changed your menstrual materials:?

Yes/No for each option

Options (multiple responses allowed): *clean, private, safe, able to be locked, with water, with soap, with mirror, with shelf, well-lit, covered bin, well-ventilated.*

F2e. While at home, where do you most often change your used sanitary pads, cloths or other menstrual materials?

Options: *household toilet, toilet shared with others, sleeping area or bedroom, household washing room, shared washing room, outside/bush/field, other.*

F4a. During your last menstrual period **while at home**, where did you most often dispose of menstrual materials after use?

Options: *toilet, bin in toilet, bin elsewhere, burned, community garbage collection point, bush/field/waterway, other, N/A (did not use disposable materials)*

Questions for national household surveys:

HWB1. How old were you when you had your first menstrual period?

Options: *age, never, don't know*

HWB2. How long ago did your last menstrual period start?

Options: *days, weeks, months, years*

HWS1. Before you started menstruating, did anyone talk to you about menstruation? Who did you talk to? Anyone else?

Options: *mother/female caregiver, father/male caregiver, sister, brother, other family member, friend/peer, doctor/nurse, teacher, religious leader, other, no one*

HWS4. During your last menstrual period, did you miss any of the following activities due to your menstrual period?

Options: *attending school; paid work; participating in social activities; other context-specific activity*

HWK1a. Before you had your first menstrual period, were you aware of menstruation?

Options: *Yes/No/Not started.*

HWF1. During your last menstrual period, were you able to wash and change in privacy while at home?

Options: *yes, no, away from home, don't know.*

HWF2. During your last menstrual period, was the place you most often changed your menstrual materials at home:?

Options (multiple responses allowed): *clean, private, safe, able to be locked, supplied with water, supplied with soap, none of the above.*

HWF3. Where do you most often change your used sanitary pads, cloths or other menstrual materials while at home?

Options: *household toilet, toilet shared with others, sleeping area or bedroom, household washing room, shared washing room, outside/bush/field, other.*

HWF4. During your last menstrual period, where did you most often dispose of menstrual materials after use while at home?

Options: *toilet, waste bin, burned, bush/field, other, N/A (did not use disposable materials)*

HWM1. During your last menstrual period, what materials did you use most often to absorb or catch menstrual blood?

Options: *cloth, reusable sanitary pads, single-use sanitary pad, tampons, menstrual cap, toilet paper, cotton wool, underwear alone, other, none.*

HWM3. Did you wash and reuse pads, cloths or other menstrual materials during your last menstrual period?

Options: *Yes/No*

Example 6: JMP core household survey questions for menstrual hygiene

Questions on menstruation are usually asked in a women's questionnaire (in the context of unmet health needs). These questions should only be asked of women who have had a period in the preceding year, and should be asked in private, by female enumerators:

M1. During your last menstrual period, were you able to wash and change in privacy while at home?

Options: *Yes; No.*

M2. During your last menstrual period, what hygiene materials did you use?

Options: *Cloth-reusable sanitary pads; disposable sanitary pads; tampons; menstrual cup; toilet paper; underwear alone; other (specify).*

M3. During your last menstrual period, did you miss any of the following activities due to your period?

Ask one by one (options: *Yes; No; N/A*)

A. Attending school

B. Paid work

C. Participating in social activities

D. Cooking food

E. Eating with others

F. Bathing in regular place

Follow-up to M2: XM1. Were these materials reusable?

Options: *Yes; No.*

Alternative to M3: XM2. Due to your last menstruation, were there any social activities, school or work days that you did not attend?

Options: *Yes; No; N/A; Don't know.*

Example 7: WaterAid Menstrual Hygiene Matters²⁵

1. Available, appropriate and affordable sanitary protection materials

2. Safe, hygienic and discrete disposal of sanitary protection materials

3. Private place to change, accessible water supply, sanitation and hygiene facilities

Additional indicators:

- Positive social norms created, myths broken down, sensitisation of leaders, women, girls, men and boys
- Knowledge and information for women and girls on menstruation and good menstrual hygiene practices; opportunities for talking with trusted others
- Advocacy, communication, policies, strategies, guidelines integrate menstrual hygiene
- Key professionals (health, education, WASH, protection, gender, community development) are knowledgeable on menstrual hygiene

Example 8: GSF outcome surveys

Household survey questions to female caregiver

'I am now going to ask you some questions about what you do during your menstrual period'

MHM01. When you got your first period, were you aware of what it was?

Options: *Yes; No; Never menstruated; Don't know.*

MHM02. That first time, did you already know what to do to manage the menstrual blood?

Options: *Yes; No; Don't know.'*

MHM03. Do you agree with the following statement: 'Menstruation is a natural biological process'?

Options: *Agree; Disagree.*

MHM04. Do you agree with the following statement: 'Women and girls often feel ashamed about menstruation'?

Options: *Agree; Disagree.*

MHM05. Have you ever felt ashamed when you are on your menstrual period?

Options: *Yes; No.*

MHM06. Have you had a menstrual period in the past year?

Options: *Yes; No.*

²⁴ Chatterley C (2020) *Guidance for Monitoring Menstrual Health and Hygiene* New York: UNICEF.

²⁵ House S, Mahon T and Cavill S (2012) *Menstrual hygiene matters: A resource for improving menstrual hygiene around the world* London: WaterAid.

MHM07. During your last menstrual period, were there any social activities, school days, or work days, that you did not attend because you were menstruating?
Options: Yes; No; *Don't know; No such activity.*

MHM08. During your last menstrual period, was there a place at home where you could change your menstrual materials?
Options: Yes; No.

MHM09. During your last menstrual period, was there a place at home where you could wash and clean your body?
Options: Yes; No.

MHM10. If there was no place at home to wash, where did you go?
Options: *Stream/lake; latrine outside of the home; bush/field; other (specify).*

MHM11. I am going to ask a few questions about the place that you used for washing during your last menstrual period (Options: Yes; No)

a. Did it have enough water?
b. Did it have sufficient lighting?
c. Was it easy to access?
d. Did you feel safe while using it?
e. Did it have sufficient privacy?

MHM12. What material did you mostly use to manage your last period?
Options: *Disposable pads; reusable pads; cloth; other (specify)*

MHM13. Why did you choose this material over others?
Options: *Nothing else available; affordable; best protection against leaks/stains; most hygienic option; what women in this community use; what I am comfortable/familiar with; other (specify)*

MHM14. Were the materials reusable?
Options: Yes; No; *Don't know.*

MHM15. Did you have adequate water for cleaning your sanitary cloths?
Options: Yes; No.

MHM16. Is there a place where you can dry your sanitary cloths in sunlight?
Options: Yes; No.

MHM17. When your sanitary materials need to be disposed, what do you usually do with them?
Options: *Burn; bury; dispose in bin; dispose in toilet or pit; dispose in river/pond; field/bush/open; other (specify).*

ENVIRONMENTAL HEALTH

Recommended environmental hygiene indicators:

- 1. Households with adequate solid waste management services
- 2. Households with adequate liquid waste management services
- 3. Households with safe drinking water management
- 4. Households with safe food hygiene
- 5. Households with safe personal hygiene

Example 9: Community Health Club Household Inventory Monitoring Tool (Rwanda CBEHPP)²⁶

Community Health Clubs in Rwanda train members and regularly monitor progress in 24 topics, including a number of environmental health outcomes:

Solid waste management

G2C3. Solid waste sweeping: observe if the area around the house is well swept
Service level options: 1. Completely swept; 2. Well swept; 4. Swept in some places; 8. Very little sweeping; 16. No sweeping.

G2C4. Solid waste type: observe what type of waste is thrown around the house
Service level options: 1. No waste of any kind visible in yard; 2. Very little waste of any kind visible; 4. Some rotten vegetable waste seen, a few papers; 8. Rotten vegetable waste, plus some paper, plastic bottles and tins; 16. A lot of rotten vegetable waste, paper, plastic, tins and bottles.

G2C5. Solid waste management: observe how solid waste is disposed of
Service level options: 1. Municipal garbage collection service; 2. Solid waste separated/recycled in different ways; 4. Solid waste disposed in dedicated pit/fenced/roofed area; 8. Some attempt at disposal in dedicated area and managed/ burned; 16. Some attempt at disposal in dedicated area but NOT managed or burned; 32. No attempt at disposal.

Liquid waste management

G2C1. Water drainage: observe how rainwater/grey water and black water (livestock sludge) are drained around the house
Service level options: 1. Extensive drainage channelled into covered pit/tank/soakaway; 2. Extensive drainage channelled into open pit/plantation; 4. Some drainage but not effective/standing grey water; 8. Drainage into unsafe pit/standing black water; 16. No drainage/some erosion visible/standing rainwater in pot holes.

Drinking water management

G4D1. Drinking water storage: observe the drinking water
Service level options: 1. Stored in water filter; 2. Bottled drinking water purchased; 4. Stored in covered bucket/closed jerrycan; 8. Stored in poorly covered bucket/clay pot/other; 16. Stored in open/uncovered bucket/clay pot/other.

G4D2. Hygiene: observe cleanliness of drinking water container
Service level options: 1. Very clean inside and outside; 2. Quite clean inside and outside; 4. Quite clean inside; dirty outside; 8. Dirty and algae inside, but stored inside house; 16. Very dirty inside and left outside.

G4D3. Treatment: observe and ask
Service level options: 1. Well boiled; 2. Solar; 4. Chemically or filtered; 8. Some of the above; 16. Not treated as water but from a safe source; 32. None of the above, and water is unsafe.

G4D4. Usage (please can you give me a drink of water?): observe how drinking water is served
Service level options: 1. Poured straight from filter/container/tap; 2. Taken with a jug/ladle; 4. Taken with a cup and put into another cup to drink; 8. Taken with a cup and drunk from the same cup; 16. Taken and drunk directly by hand, or from container.

G4D5. Water clarity: observe the water clarity (at point of use)
Service level options: 1. Very safe: very clear; 2. Safe: looks quite clear; 4. Dangerous: turbid, muddy.

Safe food hygiene

G9N4. Produce storage: observe where staple food is stored (e.g. rice, beans, maize)
Service level options: 1. All food in model kitchen; 2. All inside in model food store; 4. Well stored in dedicated place; 8. Stored anywhere; 16. Not stored.

G9N5. Food store standard: observe hygiene status of food
Service level options: 1. Excellent: clean floor, shelves and closed containers; 2. Good: shelves and closed containers; 4. Average: closed containers; 8. Poor: damp, dirty floor, no closed containers; 16. Very poor: dirty damp floor, flies and vermin.

G10C1. Place of cooking: observe the place of cooking
Service level options: 1. Dedicated model kitchen; 2. Outside permanent kitchen; 4. Outside temporary kitchen; 8. Cooking shack shared with livestock; 16. No special place/fire made anywhere.

G10C4. Cooking fuel: observe and ask about fuel used for cooking
Service level options: 1. Electricity/gas; 2. Fuel efficient stove and wood; 4. Paraffin stove; 8. Charcoal; 16. Firewood.

G10C5. Livestock control: observe if livestock are near cooking area
Service level options: 1. Household has no livestock; 2. Livestock kept in clean stall far from cooking area; 4. Cooking area prevents access to livestock; 8. Livestock tethered inside or next to cooking place.

G10C6. Cleanliness of cooking place: observe
Service level options: 1. Excellent: well swept, no garbage; 2. Good: quite well swept; 4. Fair: some sweeping, only recent garbage; 8. Poor: dirty remains of food & garbage; 16. Very poor: no sweeping, a lot of food waste.

Home and personal hygiene

G7B1. Place for body washing: observe the washing place
Service level options: 1. Private washroom in house; 2. Permanent washroom outside; 4. Temporary washroom outside; 8. Washing place outside but no privacy; 16. No evidence of washing at home.

G7B2. Use soap for body: observe if soap is present at washing place
Service level options: 1. Soap at washplace; 2. Soap available but not at washplace; 4. No soap visible, but report soap use; 8. No soap available.

G7B3. Clothing cleanliness: observe the state of adult clothing
Service level options: 1. Adults in clean clothes; 2. Adults in fairly clean clothes; 4. Adults in dirty clothes.

G7B4. Bedroom tidiness: observe whether the bedroom is tidy
Service level options: 1. Bedrooms are tidy, clothes are stored; 2. Bedrooms are quite tidy, some clothes left around; 4. Bedrooms are disordered, no clothes stored; 8. Only mats for sleeping, clothes badly stored.

G7B5. Sleeping facilities: observe the sleeping facilities
Service level options: 1. Beds with mattresses; 2. Mats on floor; 4. Blankets on floor.

26 Waterkeyn et al. (2020) The value of monitoring data in a process of evaluation of hygiene behaviour change in Community Health Clubs to explain findings from a cluster-randomised controlled trial in Rwanda BMC Public Health (2020) 20:98.

Table 2.0: Equity and Inclusion

Indicators
ADEQUATE AND EQUITABLE SANITATION SERVICES FOR ALL
<p>M&E of equity and inclusion in the delivery and use of adequate and equitable sanitation services for all requires that at least the following four areas are included:</p> <p>1. Identification of the main marginalised groups The factors that influence marginalisation will be different in every context. Local assessments are required to confirm the prevalence of the universal markers of marginalisation, and identify any other significant factors of marginalisation (see disaggregation column and Example 1 below).</p> <p>2. Assess barriers to use of services (physical, institutional, social) Marginalisation and exclusion arise from a combination of marginalisation factors and barriers that prevent or limit use of sanitation services (or participation in related processes). Assessment of barriers, which may be physical, institutional or social, is critical to the achievement of adequate and equitable sanitation services for all (see Example 3 below).</p> <p>3. Disaggregated monitoring of marginalised groups Sanitation outcomes and impacts may be significantly different among disadvantaged, vulnerable and excluded groups. M&E processes should include the main marginalised groups identified (for each different context), and reporting on outcomes and impacts should be disaggregated accordingly.</p> <p>4. Satisfaction with sanitation outcomes and impacts Sanitation outcomes and impacts only tell part of the story. Outcomes may have been coerced, services may have been developed without participation, and people may not like using the services for other reasons. User satisfaction with services can have a significant impact on the cost effectiveness and sustainability; may tell a different story from the information obtained through other M&E processes; and may change over time (e.g. as shown in annual surveys).</p> <p><u>Q. How satisfied are you with your current sanitation service?</u> Options: <i>Not at all satisfied; Slightly satisfied; Neutral; Very satisfied; Extremely satisfied</i></p> <p><u>Q. How has your sanitation service affected your general happiness, and feeling of security?</u> Options: <i>[Score 1–10] compare with previous</i></p> <p><u>Q. How has your sanitation service affected your health, and lifestyle?</u> Options: <i>[Score 1–10] compare with previous</i></p> <p><i>See M&E guidelines and framework (Section 5.2) for further details on the monitoring of equity and inclusion.</i></p>
<p>Example 1: MICS6 household questionnaire²⁷</p> <p>General questions on household situation:</p> <p>HL2 Please tell me the name of each person who usually lives here, starting with the head of HH?</p> <p>HL3 What is the relationship to the head of HH?</p> <p>HL4 Is [name] male or female?</p> <p>HL5 How old is [name]?</p> <p>HC1A What is the religion of [name of head of HH]?</p> <p>HC1B What is the mother tongue/native language of [name of head of HH]?</p> <p>HC2 To what ethnic group does [name of head of HH] belong?</p> <p>HC14 Do you or someone living in this HH own this dwelling? If No, ask Do you rent this dwelling from someone not living in this HH? Options: <i>Own/Rent/Other</i></p> <p>HC15 Does any member of this HH own any land that can be used for agriculture?</p>

27 <https://mics.unicef.org/tools>

<p>Example 2: Washington Group short set questions on disability²⁸</p> <p>The following questions are designed to allow disaggregation of survey data by disability, and are usually embedded within a larger household survey.</p> <p><i>Introductory phrase: Do you have difficulties doing certain activities?</i></p> <p>SS1 Q. Do you have difficulty seeing, even if wearing glasses?</p> <p>SS2 Q. Do you have difficulty hearing, even if using a hearing aid?</p> <p>SS3 Q. Do you have difficulty walking or climbing sets?</p> <p>SS4 Q. Do you have difficulty remembering or concentrating?</p> <p>SS5 Q. Do you have difficulty (with self-care such as) washing all over or dressing?</p> <p>SS6 Q. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?</p> <p>Options:</p> <p>a. <i>No difficulty</i></p> <p>b. <i>Some difficulty</i></p> <p>c. <i>A lot of difficulty</i></p> <p>d. <i>Cannot do at all</i></p>
<p>Example 3: Equity Tool²⁹</p> <p>The Equity Tool is a simple and easy-to-use tool to measure relative wealth. Using a short survey, the Equity Tool allows you to compare the wealth of your respondents to the national or urban population of over 60 countries.</p> <p>The Equity Tool is a simplified and shortened version of the DHS wealth index, which is adapted to each country context.</p> <p>Bangladesh ET questions:</p> <p><i>Does your HH have:</i></p> <p>1. A television? <i>Yes/No</i></p> <p>2. An electric fan?</p> <p>3. Electricity?</p> <p>4. An almirah/wardrobe?</p> <p>5. A refrigerator?</p> <p>6. Does any member of this HH have a bank account?</p> <p>7. What is the main material of the floor in your HH?</p> <p><i>Cement/Earth or Sand/Other</i></p> <p>8. What is the main material of the walls in your HH?</p> <p><i>Cement/Other</i></p>
<p>Example 4: WSSCC EQND study³⁰</p> <p>Consider the following issues when identifying and monitoring who might be disadvantaged in a community:</p> <p>1. Who might not be able to physically construct, access, use or maintain a latrine without support from sources external to the family.</p> <p>2. Whether building or maintaining a latrine might make a person or family more disadvantaged (for example, if they have to sell assets to finance the latrine).</p> <p>3. How people who are disadvantaged are affected by sanitation and hygiene interventions, and their inclusion and participation in processes and activities.</p> <p><i>Key categories to identify and monitor:</i></p> <p>A. Those who are likely to be able to construct, access and maintain a latrine themselves.</p> <p>B. Those who are not likely to be able to construct, access and maintain a latrine themselves, but either have extended family members who can support them; or can afford to pay for the materials and someone to do the work.</p> <p>C. Those who are not able to construct, access and maintain a latrine themselves (and do not have extended family who can support them; would find it difficult to pay for labour and materials; and are at risk of having to sell critical assets, which would make them more vulnerable).</p>

28 www.washingtongroup-disability.com

29 www.equitytool.org/the-equity-tool-2/

30 House S., Ferron S., and Cavill S. (2017) *Scoping and Diagnosis of the Global Sanitation Fund's Approach to Equality and Non-Discrimination* Geneva: Water Supply and Sanitation Collaborative Council, Global Sanitation Fund, Research Study; and House S., Cavill S. and Ferron S. (2017) *Equality and Non-discrimination (EQND) in sanitation programmes at scale (Part 1 of 2)* Brighton: University of Sussex, Institute of Development Studies, CLTS Knowledge Hub: Frontiers of CLTS Issue 10.

Inclusion categories:

Identify everyone who might not be able to construct, access or maintain a latrine

People with mental health conditions (who may struggle to participate in surveys, focus group discussions and other typical forms of consultation)

Sexual and gender minorities (need to be treated with respect and dignity in all activities)

People living on the streets, or in poorly paid or dangerous employment (e.g. sanitation workers)

Example 5: Survey questions on equitable use and satisfaction in use of sanitation services

The following two cases provide examples of household survey questions on equitable use and satisfaction with services.

GSF outcome survey – Part IV Safety

HSS06 Q. In this community, what concerns do women/older people/disabled people have about safety when using the latrine during the day or night?

Options:

No concerns

Animals/insects

Personal violence

Accident/falling

Other (specify)

Don't know

SNV SSH4A household survey³¹

Responses disaggregated by gender (female-headed households), age, disability and wealth:

USAN2 Q. (Ask and observe) Is the toilet functioning as intended?

Options: Yes/No/Don't know

USAN9 Q. (Ask and observe) Does the toilet provide privacy?

Options: Yes/No/Don't know

USAN17 Q. Did you make any changes to make sure that everyone can use the toilet easily and conveniently, unassisted?

Options: Yes/No

USAN18 Q. What changes were made to the toilet to support use by everybody?

Options: Pedestal/commode; smaller toilet drop hole; more space in cubicle; bigger/other door; grips/railing on wall; more light inside toilet; better path; other (specify)

USAN20 Q. Does anyone in your household have any problems using the toilet?

Options (multiple): No problems; not clean; smelly; no water inside; not easy to reach toilet; not easy to squat; afraid of falling or slipping; not easy to wash yourself; not easy to flush; too small/not enough space; too dark; no privacy; insects/ animals inside

USAN21 Q. Do you have any problems cleaning and maintaining the toilet?

Options (multiple): No problems; toilet blocks often; water not available to clean; cleaning materials not available; don't know how to clean; too many users; other users don't know how to use; other users don't take their turn to clean; design is difficult to clean; fills up too quickly.

USAN22 Q. What is the main problem with the design of the toilet?

Options (multiple): Too small; too dark; wrong construction materials; wrong internal layout; other (specify); no problem.

Example 6: WaterAid Barrier analysis tool³²

Conducted with a focus group including a range of different community members (4–16 people per session):

1. Exercise involves analysis of the barriers to sanitation and hygiene experienced by people who are marginalised by universal factors, including gender, age, disability and health status.
2. Create groups of 4–6 people.
3. Ask the groups to take each barrier in turn and discuss experiences where people have encountered problems in access to sanitation and hygiene (for each marginalised category). Note down the key problems identified.

Barriers:

Environmental (natural or built setting, designs, communication) e.g. latrine built in isolated location, which some people feel unsafe to use

Institutional (laws, policies, processes, cultural traditions and practices) e.g. lack of information on the construction of accessible toilets

Attitudinal (social norms, cultural beliefs, prejudice, behaviours and language) e.g. exclusion of some groups from community meetings

Other (contextual) marginalisation factors (e.g. religion, ethnicity, poverty) can be added, particularly where identified as important in this context.

4. Ask the groups to consider what kinds of solutions they would recommend (for each barrier, and each marginalisation factor)?
5. Ask (or assist) the groups to record the discussions on the paper provided (or use more accessible tools, e.g. voice recorder, as appropriate).

Example 7: Learning - most significant change over time³³

A form of participatory monitoring that involves the collection of significant change photos or testimonials from the field, and the systematic selection of the most significant change by panels of designated stakeholders. The aim is to identify and analyse qualitative changes perceived by the participants (rather than assuming that better outcomes result in benefits).

Q. Looking back over the last [agreed period of time], what do you think was the most significant change in, for example:

- a. Open defecation practices?
- b. Use of toilets?
- c. Community hygiene and cleanliness?
- d. Your health and well-being?

[Participants to take photos or write stories about the change]

Q. From among all these significant changes, what do you think was the most significant change of all?

[Establish a process for reviewing and scoring the photos and/or stories, and selecting the most significant]

PARTICIPATION AND EMPOWERMENT

Assessment of participation and empowerment

Everyone should have the chance to participate fully in the social, economic, political and cultural processes that affect their lives. In order to achieve equality, participation should be meaningful, appropriate and empowering – providing people with a voice and influence on decisions that affect their lives. Gender equity, empowerment and transformation are particularly important aspects of any assessment of participation and empowerment through rural sanitation and hygiene services and processes, which is reflected in the three gender-specific data collection tools included below (Example 8, Example 10 & Example 11).

Sanitation and hygiene processes and activities should support people from marginalised groups by helping to increase their visibility, dignity, self-confidence and active participation in decisions on sanitation and hygiene policy, programming and practice.

Ask people from different marginalised groups the following:

1. Are you always invited to participate in community meetings?
2. Does your participation make a difference to the meetings?
3. During meetings, do you get the chance to fully express yourself?
4. During meetings, do you feel that your ideas and opinions are considered or valued?
5. If possible, please provide examples of a result or action that can be attributed to an input or suggestion made by you during a community meeting?
6. Describe your level of participation in community activities?
Options: 1. No participation; 2. Token participation; 3. Active participation; 4. Decision-making participation; 5. Ownership and control
7. Please list the community activities that you have taken part in during the past 3 months:
[list of community activities]

31 SNV (2019) SSH4A Performance Monitoring Framework: Part 1. Introduction and impact indicators The Hague: SNV.

32 WaterAid (2018) Understanding and addressing equality, non-discrimination and inclusion in water, sanitation and hygiene (WASH) London: WaterAid, Toolkit.

33 Van Ek V. and Schot S. (2017) Towards inclusion: a guide for organisations and practitioners Mission East, Guide.

8. Describe your level of participation in community sanitation and hygiene activities?
Options: 1. No participation; 2. Token participation; 3. Active participation; 4. Decision-making participation; 5. Ownership and control
9. Please list the community sanitation and hygiene activities that you have taken part in during the past 3 months:
[list of community sanitation and hygiene activities]

Example 8: Plan Gender and WASH monitoring tool³⁴

Gender and WASH monitoring indicators:

1. Level of shared WASH workload in the household
2. Level of participation in WASH activities in the community
3. Level of shared WASH decision making in the household
4. Level of women's leadership in the community around WASH

Focus group discussion (with 6 sub-groups):

Step 1: Introduction to the process

Step 2: Identifying women's and men's workload in household, community and leadership WASH activities

Step 3: Roles in household WASH decision making

Step 4: Facilitated sex and age disaggregated discussion

Step 5: Identifying desired WASH changes for women and men

Step 6: Sharing results in the plenary

Step 8: Analysis of community's progress towards gender equality

Disaggregated by age:

- a. Young women
- b. Young men
- c. Middle aged women
- d. Middle aged men
- e. Older women
- f. Older men

Example 9: SNV SSH4A outcome indicators³⁵

Outcome Indicator 10: Progress on the influence of women in rural sanitation and hygiene programmes.

This indicator is measured with female-headed households and/or adult women from different types of households identified through the household survey. Women are preferred as facilitators of the focus group discussion. The participants are asked about the type of meetings in which women generally participate, and to give examples of meetings that the women participants have attended in the last two years. They are also asked about the type of issues and needs that women generally raise on rural sanitation and hygiene, examples of issues raised by the women participants and whether/how these influenced any decisions.

At the end of the guided reflection process, the participants are asked to score the level of influence that women have in rural sanitation and hygiene programmes:

0 = No participation of women in meetings and events

1 = Women attend meetings (but do not speak)

2 = Women attend meetings and speak (but do not feel they influence decisions)

3 = Women attend meetings, speak and feel that they influence decisions

4 = Women attend meetings, speak and feel that they influence decisions, and that the decisions made reflect their needs and perspectives.

Outcome Indicator 11: Progress on the influence of poor households in rural sanitation and hygiene programmes.

Measured with participation of household members from the poorest two wealth quintiles (as identified in the household survey). Scored as per Outcome Indicator 10.

Outcome Indicator 12: Progress on the influence of people with disabilities in rural sanitation and hygiene programmes.

Measured with participation of people with disabilities, which may include older people (as identified in the household survey) or may be assessed separately (where people with disabilities face additional barriers and stigmatisation). Scored as per Outcome Indicator 10.

Example 10: SEI Empowerment in WASH index³⁶

The Empowerment in WASH Index (EWI) measures agency, participation and empowerment in the water and sanitation sector. The indicator is made up of indicators to assess empowerment (at individual, household and community levels) in relation to WASH roles and responsibilities as well as broader society. Empowered respondents are identified as those who have achieved a minimum of 75% of the indicator thresholds, and a Gender Parity Index is calculated to compare empowerment scores between men and women.

EWI indicators:

Individual 1. Intrinsic attitudes about WASH roles and responsibilities

HH2. Input decisions about WASH roles and responsibilities

HH3. Input decisions about WASH expenditures

HH4. Input decisions about involvement in community WASH activities

HH5. Control over household assets

HH6. Work balance

HH7. Time for water collection

HH8. Access to and sharing of WASH practice information

HH9. Access and sharing of information on WASH and responsibilities

Community 10. Group membership

Community 11. Leadership in WASH planning & implementation

Community 12. Leadership in WASH accountability

Example 11: Citywide Inclusive Sanitation Equity Indicators³⁷

EQ4. % of women in leadership positions in sanitation related decision-making bodies (service authorities)?

EQ5. Gender pay gap in the sanitation workforce?

EQ6. Sanitation worker equity:

- Training is required to be a sanitation worker (covers labour rights and recourse, occupational safety and health risks)
- Formal channel for legal recourse
- Right to unionise
- Covered by social security
- Covered by health insurance

EQUITY AND INCLUSION SYSTEMS

Example 12: 2018 WaterAid Australia Women's Empowerment and Gender Transformation Framework

Using the framework as a sector strengthening approach:

1. What sector policies and strategies are in place? Is there a WASH policy or strategy that includes targets for gender inclusion or equality?
2. Are government structures supporting sex and age disaggregated data?
3. Are women represented in ministries and WASH providers?
4. Are gender ministries/agencies (where present) included in coordination on WASH?
5. Are there women's rights organisations active? Are they involved in WASH?
6. What is the relationship between women's rights organisations and government structures/WASH actors?

Practical strategies to move from inclusive to transformative:

1. Gender analysis (consider the needs of men, women and other genders, and how genders relate to each other and the enabling environment).
2. Partner with women's and LGBTQI+ organisations
3. Respond to resistance and backlash (violence) against women and sexual and gender minorities (engage all staff and community members in the change process; identify potential sites of backlash; make sure key staff have knowledge and skills to respond; ensure referral pathways are developed).

³⁴ [Plan International \(2014\) Gender and WASH monitoring tool](#) [Plan International Australia](#).

³⁵ [SNV \(2019\) SSH4A Performance Monitoring Framework: Part 2.Outcome indicators](#) [The Hague: SNV](#)

³⁶ <https://www.empowerwash.org/project-2>

³⁷ Athena Infonomics (2021) Full list of CWIS Indicators Bill & Melinda Gates Foundation, City Wide Inclusive Sanitation website: <https://cwisities.com/dashboard/dashboardinfo/>

Example 13: Mission East Inclusion evaluation checklist³⁸

1. Were people from marginalised groups, including people with disabilities, consulted in the situation analysis?
Options: Yes/No/Partly [source of information]
2. Are all types of disabilities represented when addressing people with disabilities as possibly being from marginalised groups?
3. Have program staff received relevant training to ensure awareness and a commitment to the rights and capacities of people from different marginalised groups?
4. Have people from different marginalised groups participated in the design, implementation, monitoring and evaluation of the programme?
5. Does the programme provide an analysis at baseline of the situation, needs and priorities of people from marginalised groups?
6. Are people from marginalised groups equally benefitting from the programme (and, if not, what is being done to address this inequality)?
7. Do programme documents and other reports reflect how people from marginalised groups participated and benefitted from the programme ‘in their own words’?
8. Has baseline data on people from marginalised groups been collected and tracked throughout the programme?
9. Has budget been allocated for inclusion of people from marginalised groups?
10. Does the budget allocation allow participation expenses and attendance time for consultations with people from marginalised groups (as well as organisations representing people from different marginalised groups)?
11. Are mechanisms in place to record and address barriers to programme access for people from marginalised groups?
12. Are people from marginalised groups able to continue to have full and equitable use of services beyond the programme duration?

38 Van Ek V. and Schot S. (2017) Towards inclusion: a guide for organisations and practitioners Mission East, Guide.

Table 3.0: Sustainability

Indicators
SUSTAINABLE SANITATION SERVICES AND OUTCOMES Sustained behaviours, outcomes and use of sanitation and hygiene services over time.
Example 1: UNICEF sustainability checks³⁹ Sustained sanitation and hygiene practice <ol style="list-style-type: none">1. Maintenance of ODF status (% of ODF communities still meeting all ODF verification criteria)2. % ODF communities where no evidence of open defecation can be found3. % households that are using a new latrine (built during the reporting period)4. % households that have replaced or upgraded their latrine during the last reporting period5. % households with functional handwashing facility with soap and water available in vicinity of latrine (with evidence of usage)6. % households who report always washing their hands with soap at specific critical times Sustainability factors <ol style="list-style-type: none">1. % households with adequate access to water for cleaning or flushing toilet2. % toilets damaged or destroyed by climate events3. % toilets replaced or repaired after being damaged, or after containment system filled4. % communities with continuous promotion of sanitation by an active committee/association/group5. % administrative units (e.g. districts) with adequate capacity and resources for post-ODF follow up and support6. % administrative units (e.g. districts) with a functioning sanitation monitoring system
Example 2: UNICEF ODF sustainability survey: Sustainability check in previously verified ODF communities: <ol style="list-style-type: none">1. Community survey & transect walk2. Census (100%) household observation survey (presence and condition of toilet observed by enumerator)3. Household interviews in households where no toilet is observed (if an adult is present) to assess sanitation practice (toilet use, shared toilet use, or open defecation), and understand any issues (e.g. constraints and barriers to toilet use, or problems with previous services or practices).
Example 3: SNV sustainability indicators <ol style="list-style-type: none">1. Demand creation: progress in capacity of local government to steer sanitation demand creation processes, with quality. Assessed by district level multi-stakeholder discussion, with scoring of 10 sub-indicators.2. Demand creation: progress in area capacity to implement sanitation demand creation, with quality. Assessed by self-assessment by all district facilitators, with scoring of 10 sub-indicators.3. Supply chains: Progress in private sector engagement in provision of sanitation hardware and services. Assessed by focus group discussion with a range of private sector sanitation stakeholders, scored on QIS scale.4. Supply chains: Availability of affordable sanitation options for the poorest wealth quintiles. Assessed by focus group discussion with pre-identified poor households from sampled communities, scored on QIS scale (including validation of the affordability based on value of key assets compared to cost of typical toilet option).5. Behaviour change communication (BCC): progress in institutionalising BCC for rural sanitation and hygiene. Assessed by district level multi-stakeholder discussion (or higher level if no district BCC strategy available), with scoring of 10 sub-indicators.

39 UNICEF (2017) Sustainability checks: guidance to design and implement sustainability monitoring in WASH New York: United Nations Children's Fund.

- 6. Behaviour change communication (BCC): progress in capacity to implement improved BCC for rural sanitation and hygiene.**
Assessed by FGD with the staff responsible for design and implementation of BCC activities, with scoring of 10 sub-indicators.
- 7. WASH governance: progress in local sector alignment around rural sanitation and hygiene.**
Assessed by district-level multi-stakeholder discussion (including civil society groups), with scoring of 10 sub-indicators.
- 8. WASH governance: progress incapacity to mainstream gender and social inclusion rural sanitation and hygiene.**
Assessed by FGD with the staff responsible for rural sanitation and hygiene activities, with scoring of 10 sub-indicators.
- 9. WASH governance: progress in capacity of local government to provide sustainable social support mechanisms.**
Assessed by FGD with the staff responsible for the provision of social support (e.g. technical assistance, in-kind or financial support) for rural sanitation and hygiene services, with scoring of 10 sub-indicators.
- 10. WASH governance: progress in the influence of women in rural sanitation and hygiene programmes.**
Assessed by FGD with the women from female-headed households (or adult women from other households if women from female-headed households are not available), with QIS score to assess level of influence (0 = no participation, 1 = participate; 2 = participate and speak; 3 = participate, speak and influence decisions; 4 =participate, speak, influence decisions to reflect their needs and perspectives.)
- 11. WASH governance: progress in the influence of poor households in rural sanitation and hygiene programmes.**
Assessed by FGD with the members of poor households, with QIS score to assess level of influence (0 = no participation, 1 = participate; 2 = participate and speak; 3 = participate, speak and influence decisions; 4 =participate, speak, influence decisions to reflect their needs and perspectives.)
- 12. WASH governance: progress in the influence of people with disability in rural sanitation and hygiene programmes.**
Assessed by FGD with people with disabilities (which may include older people), with QIS score to assess level of influence (0 = no participation, 1 = participate; 2 = participate and speak; 3 = participate, speak and influence decisions; 4 =participate, speak, influence decisions to reflect their needs and perspectives.)

Table 4.0: Process Monitoring

Indicators
PROCESS MONITORING Monitoring of the main implementation activities and processes.
Community Led Total Sanitation (CLTS) Recommended process monitoring indicators: 1. Attendance at CLTS triggering meeting (0%-100% of community population) Two monitoring instruments: <ul style="list-style-type: none">Participant count at time of triggering meetings (compared against confirmed total population count).Post-triggering household survey (sample) that asks whether anyone from the household participated in the main triggering activity; or whether anyone from the community facilitated additional discussions on open defecation and sanitation practice with someone from the household following the main triggering. The process monitoring data should be disaggregated, with data on people from poor and marginalised groups reported separately from data on other people (as people from poor and marginalised groups may avoid, or be excluded from, CLTS activities); efforts made to check whether all sub-villages and other settlements within the community were included in the process; and reporting of the results of any additional processes designed to reach people who did not participate in the original triggering activity. 2. Number of supportive community leaders Monitoring should record the number of supportive community leaders identified during the triggering activity; with updates on the number of leaders involved over time (to capture loss of interest by community leaders, and induction of new community leaders). The monitoring should also record how many of these community leaders receive training. 3. Agreed incentives provided at community level Where any form of incentive is proposed to the community (e.g. on achievement of ODF status or other collective sanitation outcome), the monitoring should capture whether the incentive was provided (in whatever form – incentives can be in the form of celebrations, recognition, non-financial rewards and financial or other forms of support). 4. Number of follow-up visits Monitoring should capture the number of follow-up visits made during the CLTS process (including pre-triggering and triggering visits), as well as the funding for these visits (e.g. the cost of the visit, plus the source of funding used). The aim should be to find the optimum number of visits (in a particular context) and estimate the cost of a successful process in a typical community. 5. Completion of all stages of CLTS process The process monitoring should also report completion (and completion dates) for all of the stages of the CLTS process: including pre-triggering, triggering and post-triggering activities. These process data provide reliable information on the time to ODF status, and highlight communities where the process has not been properly or fully completed.
Market-based sanitation Recommended process monitoring indicators (require baseline and periodic sample surveys): <i>All indicators should be disaggregated by wealth quintile and by main marginalised group.</i> 1. Number (and %) of households that purchased improved sanitation facilities Track purchases for new toilet construction, or for upgrading existing facilities. Household data generally provides more reliable information than sales data (which may include unsold stock, subsidised purchases, or bulk purchases by development partners). 2. Number (and %) of households with new purchased facilities that are fully installed Not all products sold are installed. Track newly purchased sanitation systems that are fully installed. 3. Number (and %) of households with new purchased facilities that are functional and in use Not all products sold are used. Track newly purchased sanitation systems that are functional and in use. 4. Number (and %) of households satisfied with their new sanitation facilities or services 5. Number (and %) of households recalling demand activation messages 6. Number (and %) of villages receiving direct promotional activities and/or product sales Track villages reached by promotional activities, and villages served by local service providers. 7. Amount (and %) of local government budget allocated to market-based sanitation (support, monitoring)

Example 1 Water for People: Service Outcomes at Local Level

La. Districts with strong local systems (achievement of district goals for system strengthening using established assessment tools such as the sustainable service checklist and building block assessments).

Sub-indicators:

- **Toilets** built or upgraded through entrepreneurs, incentive models, MFI support, household mobilisation.
- SATO pans sold as a result of programme investments.
- People served by pit emptying services with programme support.
- People served with waste treatment facilities.

Lb. Strong market systems for sanitation services and products

Sub-indicators:

- Safe, dignified and affordable options for HH sanitation are available at scale, at affordable rates, in the market.
- Faecal sludge management service providers provide safe & affordable services for transport and treatment of waste to all people in non-sewered areas.
- Sanitation market actors are resilient to changes in context and evolve business models to continue provision of safe, affordable and appropriate products & services.
- Regulation and professionalisation of local private sector service providers (e.g. pit or tank emptiers) to provide more inclusive, affordable and safe services.

Sanitation finance

Use of financial support to encourage sanitation improvement:

All indicators should be disaggregated by wealth quintile and by main marginalised group.

1. Number (and %) of toilet subsidies provided to households from poor and marginalised groups

Track who received toilet subsidies, and how they were used (whether toilet subsidies were provided to households from poor or marginalised groups; whether subsidies were used; and whether toilet subsidies resulted in toilets that were functional and in use). Assess inclusion and exclusion errors (inclusion error = non-eligible households who receive toilet subsidy; exclusion error = eligible households who do not receive the toilet subsidy).

2. Number of financial support products for sanitation supplied to rural households

Track (separately for each category) the number of loans, instalment plans and toilet subsidies provided to rural households (differentiate between urban and rural households that received financial products), and who provided the financial support (e.g. MFI, service provider, local government, development partner, national programme etc).

3. Community support for toilet construction

Track the number of households who received community support (materials, labour) to construct a new or upgraded sanitation facility, and the estimated value of the community support. Ensure that the sustained use of these household toilets is monitored over time.

4. Number (and %) of households gaining use of basic sanitation services through sanitation financing mechanisms

Track the number of households that report using some form of sanitation finance (loan, instalment plan, subsidy) to construct a new or upgraded sanitation facility (that provides a basic sanitation service, and is now functional and in use). This figure should be compared against supply side data on the number of loans and subsidies provided (to assess the effectiveness of sanitation finance in increasing the use of sanitation services), with particular attention paid to disaggregation of these data by wealth and marginalisation factors (as poor and marginalised groups often struggle to access sanitation finance).




5. Household investment in new (or upgraded) toilet facilities

Track the amount spent by households on sanitation products, services, transport (and other related costs). Where possible, separate out investments in the toilet substructure (slab and below ground components) and superstructure (above ground toilet enclosure). Data should allow calculation of the average total household investment in market goods and services. Report as percentage of average household income (where income/consumption data are available).

6. Government investment in sanitation finance

Track the amount spent by government (national and subnational) on sanitation finance (toilet subsidies to households, grants to local government or service providers, loan programmes).



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